

## New Hampshire Medicaid Provider Reimbursement Rate Benchmarks For Key Services, 2010

## Office of Medicaid Business and Policy New Hampshire Department of Health and Human Services

126-A:18-b Medicaid Reimbursement Rates

**Biennial Report** 

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### **Overview**

This report is prepared in response to 126-A:18-b, which requires the Department of Health and Human Services (DHHS) to review Medicaid rates, based on benchmarking rates paid by other payers for similar services.

Due to continued resource constraints, DHHS has again limited this report to selected service categories, although we have greatly increased the number from the 2008 report. We eliminated the category of service references utilized in the previous report, since in many cases procedures are paid for across numerous categories of service and paid the same regardless of category. Only payments made in Fund Codes A, J and X were included in this analysis. The Office of Medicaid Business and Policy (OMBP) performed the analysis.

OMBP selected representative procedures for each of the following broad service groups:

- Physician and Related Professionals,
- Inpatient Hospital,
- Outpatient Hospital,
- Dental.
- FQHC and RHC Visits,
- Transportation,
- Imaging/Radiology,
- Therapy,
- Lab & Pathology,
- Anesthesia, and
- Interpreter Services.

Please see *Appendix A: Selected Procedures by Service Group and Sub-Group* for the detailed list of procedures included.

The following information has been provided for each service group selected:

- Subgroups of services, including procedure codes, DRGs, or revenue codes;
- The weighted rate or sampled allowed amount currently paid by NH Medicaid;
- The total paid amount for in SFY 2009, (indicator of actual provider costs to NH Medicaid for the services);
- The total number of units paid for in SFY 2009 (claims paid for inpatient hospital);
- An exception is Outpatient Hospital which was based on CY 2009 because complete procedure coding was not available for SFY2009; and
- The following values as a percent of NH Medicaid (where obtained):
  - Other State Medicaid (an average of the non-New Hampshire New England states, where available: Connecticut, Maine, Massachusetts, Rhode Island and Vermont),
  - Medicare, and
  - Commercial health insurance carrier average from the Comprehensive Healthcare Information System.

Please see Appendix B: Data and Methods for details on how we calculated these values.

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## **Methodology and Origin of New Hampshire Rates**

New Hampshire Medicaid pays for medical services in a variety of ways, depending on the provider and services rendered. The following provides a high-level description of these longstanding payment methodologies for the services benchmarked in this report.

### **NH Medicaid Professional Services Fee Schedule**

NH Medicaid typically pays for non-facility services on a per unit of service basis by CPT/HCPCS\* code from the NH Medicaid fee schedule, with some procedures paid for differently depending on procedure code modifiers entered on the claim. The system used by NH Medicaid for paying for these services is similar, in most cases, to the systems used by Medicare and commercial insurance carriers. Some procedures (not included in this analysis) are custom priced depending on the circumstances of the service delivered.

In addition to professional services, outpatient hospital laboratory, imaging, and therapy services are also paid on a per unit of service basis using the professional fee schedule.

### Inpatient Hospital

The NH payment method for most inpatient hospital reimbursements mimics Medicare's method based on prospectively set rates (i.e., payment rates are set ahead of time) for a bundled service group that is made up of one or more specific services delivered in the hospital. A single rate is established for a group of services expected to have similar resource use. NH and Medicare's methods differ with regard to Critical Access Hospitals. Critical Access Hospitals are very small, typically rural, hospitals that Medicare, instead of using the prospectively set rates, pays 101 percent of their allowable costs for most services.

After a claim is submitted to NH Medicaid, each inpatient discharge is categorized into a diagnosis-related group (DRG) and has a payment weight assigned to it (the weight represents the cost of the service relative to the average cost). Since it began using DRGs, NH Medicaid has implemented the system used by Medicare. The current system used since October 2007 is the Medicare Severity-DRGs, which contains over 700 DRGs.

Prior to the beginning of each Federal Fiscal Year, CMS publishes an updated DRG system that contains additions or changes to codes, modified grouping logic, and new relative weights for each diagnosis related group to be used for all inpatient claims with dates of discharge during the new fiscal year. In most cases for NH Medicaid, the payment is determined by multiplying the DRG relative weight by the base rate for the average service, referred to as the Price per Point. The NH Price per Point has been \$2,832.85 for general non-Critical Access Hospitals since December 1, 2008 and \$3,147.61 for Critical Access Hospitals since 2001.

### Exceptions to the Base DRG System

- Reimbursement for rehabilitation and neonatal intensive care are paid outside the relative weight and price per point system.
  - Neonatal DRGs 789 through 794 are reimbursed on a per diem basis.

<sup>\*</sup> HCPCS is the Healthcare Common Procedure Coding System adopted by Medicare, NH Medicaid, and many other payers. It is comprised of a Level I and Level II set of codes. Level I is the CPT (Current Procedural Terminology) coding system developed by the American Medical Association and used by commercial, Medicare, and Medicaid payers. HCPCS Level II is a set of codes developed by Medicare to describe products, supplies, and services not included in the CPT codes. See http://www.cms.hhs.gov/MedHCPCSGenInfo/ for more information.

- Rehabilitation DRGs 945 and 946 are reimbursed at a flat reimbursement per discharge.
- Prior to April 1, 2010, four hospitals received additional reimbursement for Indirect Medical Education (IME) costs. This additional payment has been suspended for the current budget biennium period through June 30, 2011.
- Prior to April 1, 2010, hospitals received additional reimbursement for discharges with lengths of stay that were outliers based on a set value for each DRG. This additional payment has been suspended for the current budget biennium period through June 30, 2011.
- Several hospitals maintain distinct part units (DPUs) for psychiatric services. These discharges are reimbursed using a Price per Point of \$3,114.01. One hospital is reimbursed as a designated receiving facility (DRF) for psychiatric services at a Price per Point of \$3,564.21. For the purposes of this benchmarking report a weighted average of these two rates were used.
- As of July 1, 2009, the one hospital with maternity services located in Coos County has been reimbursed at three times the base DRG rate for maternity and newborn services. For the purposes of this benchmarking report these payments were not included.
- Since July 1, 2008, Children's Hospital Boston has been reimbursed using the DRG system, but with a multiplier applied to the calculated payment. This multiplier is intended to reimburse Children's Hospital Boston 80% of cost, taking into consideration that they no longer submit reimbursement claims for professional services their affiliated physicians perform on behalf of NH Medicaid recipients. For the purposes of this benchmarking report these payments were not included.

### **Outpatient Hospital**

NH Medicaid reimburses outpatient hospital claims on a combination of cost based and fee schedule reimbursement.

Cost Based - New Hampshire Medicaid currently pays for most outpatient hospital services (e.g., emergency department, observation stays, ambulatory surgeries) on the basis of costs — specifically charges reduced to cost by multiplying by a costs-to-charge ratio. Interim payments are made based on charges times the expected cost-to-charge ratio. Subsequent settlement, based on cost reports, may occur up to two years later and reflects Medicaid's share of the hospital's costs allocated to the outpatient department on cost reports. The current final payment rates are 91.27% of allowed cost for critical access and rehabilitation hospitals, and 54.04% for all other hospitals. Excluded from cost based payment are laboratory services, and as of April 1, 2010, imaging and therapy services.

Fee Schedule Based - Medicaid hospital outpatient payments for laboratory, imaging, and therapy services are based on the fee schedule used for professional services.

Outpatient Prospective Payment System - OMBP is in the process of developing an entirely new payment system for outpatient hospital claims. This new system will make payments only prospectively, eliminating the cost settlement payments that are currently made. The new payment system implementation date has not yet been finalized.

### **FQHC and RHC Clinic Services Encounter Rates**

Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) are located in areas certified by the federal government as having a shortage of personal health services or primary care manpower and are established to fill these needs for primary care only. Most payments to these centers are for a standardized clinic visit encounter, which is a face-to-face encounter between a patient and a physician, a physician assistant or a nurse practitioner for primary care services.

New Hampshire Medicaid requires that freestanding RHCs and FQHCs bill their encounters using a standard CPT/HCPCS procedure code (T1015) on the professional services claim form. Hospital-based RHCs bill their services on the facility claim form. The reimbursement rate for the encounters is unique to each facility. The encounter rate for any given period is cost settled after the review of costs in the same manner as outpatient hospital. The FQHC settlement rate is the lesser of the actual cost per encounter or 133% of the Medicare rate, and the RHC settlement rate is the lesser of the actual cost per encounter or 100% of the Medicare rate.

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## **Benchmarking Summary**

The following pages provide summarized information on the procedures selected for this benchmarking study. For those unfamiliar with the previous summary it will be helpful to review the guide to the information presented below because while what is presented is summarized it still contains a lot of complex information.

### **Guide to Benchmarking Summary**

#### Overview

Below is sample page from the benchmarking summary. Each element on the example will be explained in turn.

			Sample	d P	rocedures - S	FY 2009	Payment	as % of NH	Medicaid
Benchmarking Service Group	Benchmarking Service Sub-Group	Av	urrent erage Rate		otal Actual or timated Paid Amount		Avg - Other NE States /NH	Medicare /NH	All Comm /NH
Primary/Specialty	Evaluation and Management								
Care Evaluation,	Established Patient (99211 - 99215, 99211-TH)	\$	49.47	\$	11,602,510	240,188	91%	148%	214%
Management, &	New Patient (99201 - 99205)	\$	44.80	\$	655, 427	14,931	144%	224%	316%
Consultation	Office or Other Outpatient Consultations (99241 - 99245) <sup>1</sup>	\$	77.96	\$	1,407,063	18,482	126%	na	311%
Preventive Care	Established Patient (99391 - 99397) <sup>2</sup>	\$	59.66	\$	3,474,959	59,151	92%	na	231%
	New Patient (99381 - 99387)	\$	44.20	\$	194,140	4,436	155%	na	381%

- **Benchmarking Service Group:** The general category for the services benchmarked. For example, within the Physician and Professional Services section of the report, Preventive Care, Obstetrics, and Surgery are Service Groups the report is organized around.
- **Benchmarking Service Sub-Group:** The specific category benchmarked. This group is usually a group of related codes, as, for example, in the table above with the New Patient sub-group under Preventive Care, but also can be a single code where no related codes exist (e.g., ambulance ground mileage) or the single code represents a service grouping (e.g., private duty nursing).
- Sampled Procedures SFY 2009
  - Current Average Rate: The NH Medicaid rate (when a single code is shown) or weighted average rate, as of 6/30/2010 (see below for more information). For example, the average rate for the Preventive Care New Patient sub-group is \$44.20.
  - Total Actual or Estimated Paid Amount: The actual or estimated total dollars NH Medicaid paid (state and federal funds combined) in SFY2009 for the group of services (see below for more information). For example, in SFY2009, NH Medicaid paid \$11,602,510 for evaluation and management of established patients.
  - Total Units: The SFY2009 (or CY2010 for Outpatient Hospital) number of paid units for the services in the service sub-group. For example, 240,188 units of evaluation and management of established patient services were reimbursed.
- **Payment as % of NH Medicaid:** Comparisons are made between NH Medicaid and three benchmarks. Where rates are not available, or where only non-comparable payment systems exist, an "NA" is shown. Rates used for benchmarking are the most current available in mid-2010 for Medicaid and Medicare, and the CY 2009 average for commercial (see *Appendix C: Rates for Other New England States, Medicare, and Commercial* for the specific rate information). The percentage in each column is the average rate for the column divided by the NH Medicaid average rate. The

benchmark rates are average using NH Medicaid units as weights to allow for an accurate comparison of the service groups.

- Avg Other NE States /NH: The average of the other New England state fee for service Medicaid program rates (where available) divided by NH Medicaid's rate. For example, the other New England states' average rate for evaluation and management established patients is 91% of NH Medicaid's average rate and for consultations the other states are 126%, or 26% higher than, NH Medicaid's average rate.
- Medicare /NH: The average of the Medicare fee for service (where available) divided by NH Medicaid's average rate. For example, Medicare's average rate for evaluation and management established patients is 148% of, or 48% higher than, NH Medicaid's average rate.
- All Comm /NH: The CY2009 average of the commercial insurance data for NH residents contained in the NH Comprehensive Health Care Information System divided by NH Medicaid's average rate. For example, the commercial average rate for evaluation and management established patients is 214% of, or 114% higher than, NH Medicaid's average rate.

### **Explanation of Rates Presented**

Depending on the service group the NH Medicaid rates presented are calculated in different ways because as described earlier the rate methodology varies depending on the service type.

Most rates are presented for either a specific CPT/HCPCS service code or a weighted average of a group of related codes and are the rates in effect in NH on June 30, 2010. A weighted average is used to better represent the codes that are billed more frequently. Where a weighted average is used the benchmark rates are weighted to NH Medicaid's distribution of the use of services within a group (see *Appendix B: Data and Methods* for more information). This method of presenting the information applies to Physician and Related Professionals, Dental, FQHC and RHC Visits, Transportation Services, Anesthesia, Interpreter Services, and both outpatient hospital and non-hospital Laboratory, Therapy, and Radiology/Imaging (these services on outpatient hospital claims are all paid by the same fee schedule as these services billed on a professional claim).

Rates for the inpatient hospital service type are provided at the Diagnosis Related Group (DRG) level because NH Medicaid does not pay for individual services for inpatient stays, but instead the entire stay. Two groups relating to newborns and deliveries are presented as a weighted average of multiple DRGs, while the rest of the rates shown are for individual DRGs. The DRG rate used is the one in effect on June 30, 2010.

Rates for outpatient hospital services, excluding laboratory, therapies, and imaging/radiology, are reported similarly to the other services in a combination of grouped and ungrouped services. What is different about the outpatient hospital services is that they are not paid based on a rate, even though the specific CPT/HCPCS service codes are included with claims submitted to the state. What is presented is an average of the actual amount paid by NH Medicaid. While this payment is an interim payment (as described earlier) it provides the best representation of a rate for benchmarking purposes.

### **Explanation of NH Medicaid Total Payments Presented**

Total dollars paid, or estimated to be paid, by NH Medicaid are presented along with the average rate. This information is shown to give policy makers a reasonable idea of what the impact would be from modifying the rate structure to match with one of the benchmarks shown. For example, increasing the NH Medicaid rates for the range of codes for evaluation and management of established patients to the

Medicare rates, which are 48% higher, would entail an approximate total increase from about \$11,600,000 to about \$17,200,000.

For most cases, the dollars presented are what was expended in SFY2009. However, due to recent rate changes the amounts could under or over represent what NH Medicaid would expect to incur in current or future years. Additionally, changes in utilization patterns and enrollment in Medicaid will also impact the total dollar amount spent. A major change in the method of payment for outpatient hospital therapies and radiology/imaging, shifting to a fee schedule as described earlier, meant that presenting actual payment information would poorly represent the payments expected for these services. For these services, CY2009 utilization was multiplied by the current fees to obtain an estimate of total dollars paid under the new method.

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		Sample	ed Procedures - SF	Y 2009	Payment as % of NH Medicaid			
Service Group	Service Sub-Group	Current Average Rate	Total Actual or Estimated Paid Amount	Total Units	Avg - Other NE States /NH	Medicare /NH	All Comm /NH	
Primary/Specialty	Primary and Specialty Care Evaluation and Management							
Care Evaluation,	Established Patient (99211 - 99215, 99211-TH)	\$49.47	\$11,602,510	240,188	90%	148%	214%	
Management, & Consultation	New Patient (99201 - 99205)	\$44.80	\$655,427	14,931	143%	224%	316%	
100%	Office or Other Outpatient Consultations (99241 - 99245) <sup>1</sup>	\$77.96	\$1,407,063	18,482	126%	NA <sup>16</sup>	311%	
Preventive Care	Established Patient (99391 - 99397) <sup>2</sup>	\$59.66	\$3,474,959	59,151	96%	NA <sup>16</sup>	231%	
100%	New Patient (99381 - 99387)	\$44.20	\$194,140	4,436	161%	NA <sup>16</sup>	381%	
Private Duty Nursing 100%	Private Duty Nursing (S9123) <sup>7</sup>	\$39.88	\$8,192,039	210,590	NA <sup>15</sup>	NA <sup>16</sup>	69%	
Personal Care 100%	Personal Care (T1019) <sup>8</sup>	\$4.38	\$6,028,276	1,351,064	NA <sup>15</sup>	NA <sup>16</sup>	NA <sup>18</sup>	
Hospital Care	Intensive/Critical Care							
99.9%	Emergency Department Services (99281 - 99285)	\$50.32	\$2,395,077	48,003	118%	172%		
	Neonatal/Pediatric (99468, 99469, 99471, 99472, 99475 - 99480) 3	\$123.32	\$1,021,497	6,628	132%			
	Critical Care (99291, 99292)	\$73.27	\$257,107	3,544	185%			
	Subsequent Hospital Care (99231 - 99233)	\$34.88	\$1,034,332	30,155		201%	338%	
	Initial Hospital Care (99221 - 99223)	\$101.02	\$519,552	5,223	94%	156%	244%	
	Discharge Services (99238, 99239)	\$53.30	\$459,034	8,214	97%	147%	245%	
	Inpatient Consultations (99251 - 99255) <sup>4</sup>	\$82.26	\$372,342	4,588	114%	NA <sup>16</sup>	301%	
	Observation Care (99217 - 99220, 99234 - 99236)	\$62.05	\$227,177	3,775	125%	178%	282%	
Obstetrics <sup>19</sup>	Antepartum Care, Delivery, Postpartum Care							
99.1%	Vaginal Delivery (59400, 59409, 59410, 59412, 59414, 59425, 59426, 59430)	\$798.16	\$2,848,934	3,253	143%	143%	212%	
	Cesarean Delivery (59510, 59514, 59515; TOS 2)	\$992.49	\$1,089,356	1,051	147%	151%	253%	
	Surgical Assistance (59510, 59514, 59515; TOS 8)	\$134.78	\$121,579	680	207%	NA <sup>16</sup>	194%	
	Delivery After Previous Cesarean Delivery (59610, 59612, 59614, 59618, 59620, 59622)	\$1,065.04	\$55,135	50	117%	148%	236%	
	Fetal Non-Stress Test (59025, 59025-26, 59025-TC)	\$22.09	\$117,040	5,416	162%	157%	293%	
Methadone Treatment 100%	Methadone Treatment (H0020) <sup>9</sup>	\$10.22	\$3,029,960	202,006	611%	NA <sup>16</sup>	795%	
Prenatal/Post Partum Home Visit Program 100%	Prenatal/Post Partum Home Visit Program (T1027-TH) <sup>10</sup>	\$15.00	\$1,222,713	84,076	48%	NA <sup>16</sup>	167%	

		Sample	ed Procedures - SF	Payment as % of NH Medicaid			
Service Group	Service Sub-Group	Current Average Rate	Total Actual or Estimated Paid Amount	Total Units	Avg - Other NE States /NH	Medicare /NH	AII Comm /NH
Newborn Care	Normal Newborn (99460, 99462)	\$25.77	\$232,666	6,540	153%	173%	289%
Services	Circumcision (54150, 54160, 54161)	\$80.16	\$142,058	1,785	91%	136%	248%
98.2%	Delivery/Birthing Room Attendance and Resuscitation Services (99464)	\$42.05	\$50,470	871	142%	173%	310%
	Postnatal Home Visit (99502)	\$40.00	\$39,052	980	175%	NA <sup>16</sup>	152%
	Discharge Services (99463)	\$44.98	\$11,399	197	152%	175%	296%
Psychiatry/	Office Visit (90804 - 90808)	\$64.33	\$2,957,047	47,214	96%	147%	114%
Psychology	Psy Dx Interview (90801)	\$87.82	\$458,054	5,661	95%	174%	127%
94.4%	Psychotherapy, Family & Group (90846, 90847, 90853)	\$50.67	\$311,050	6,336	112%	183%	145%
	Central Nervous System Assessments/Tests (96101, 96118)	\$61.91	\$260,303	4,417	119%	145%	153%
	Psychiatry - Medication Management (90862)	\$26.18	\$117,169	4,791	128%	217%	234%
Surgery	Ear Nose Throat						
45.8%	Ear (69433, 69436, 69620, 69631, 69632, 69633, 69635, 69637)	\$117.30	\$155,618	1,347	111%	159%	236%
	Special Otorhinolaryngologic Services (92551 - 92553, 92557, 92567, 92587, 92588) <sup>5</sup>	\$11.73	\$149,922	12,343	154%	140%	316%
	Tonsils & Adenoids (42820, 42821, 42825, 42826, 42830, 42831, 42835)	\$159.51	\$144,040	908	101%	162%	270%
	Joint						
	Knee (27446, 27447, 29871, 29873 - 29877, 29879 - 29884, 29888)	\$571.88	\$205,642	357	98%	138%	246%
	Hip (27096, 27130, 27132)	\$192.16	\$168,249	576	96%	91%	204%
	Shoulder (29806, 29807, 29819, 29821 - 29826)	\$407.94	\$61,020	163	113%	170%	239%
	Spine and Spinal Cord (22554, 22558, 22600, 22612, 22630, 22802, 22804, 22810, 22840, 22842 - 22846, 22851, 62290, 62311, 63020, 63030, 63035, 63075, 63076)	\$287.72	\$348,146	1,137	98%	129%	233%
	Endoscopy						
	Endoscopy (43235 - 43249, 43251, 43255, 43258, 43259)	\$133.46	\$179,315	1,361	124%	136%	271%
	Cholangiopancreatograph (43260 - 43264, 43267 - 43269, 43271)	\$270.95	\$28,809	106	110%	161%	299%
	Colonoscopy (45378, 45380 - 45387)	\$197.48	\$186,543	956	122%	128%	263%
	Gynecology (57452, 57454 - 57456, 57460, 57461, 58150, 58260, 58660 - 58662)	\$158.22	\$176,981	1,156	111%	161%	286%
	Eye and Ocular Adnexa - Extraocular Muscles (67311, 67312, 67314, 67316, 66982, 66984, 66985)	\$455.91	\$168,894	325	114%	147%	301%
	Biliary Tract (47562, 47563) <i>Breast</i>	\$429.97	\$93,497	221	102%	161%	286%
	Excision (19100 - 19103, 19120, 19125, 19260)	\$191.61	\$38,365	204	103%	150%	260%
	Repair and/or Reconstruction (19316, 19318, 19350, 19357, 19371)	\$662.89		39	98%	153%	
	Mastectomy Procedures (19301 - 19304, 19307)	\$339.14		53	120%	223%	

		Sampl	ed Procedures - SF	Y 2009	Payment as % of NH Medicaid			
Optometric/ Opthalmology <sup>6</sup> 76.9%  Family Planning 100%  Adult Day Care 100%	Service Sub-Group	Current Average Rate	Total Actual or Estimated Paid Amount	Total Units	Avg - Other NE States /NH	Medicare /NH	AII Comm /NH	
	Nails (11720, 11721, 11730, 11750)	\$35.24	\$48,381	1,400	115%	197%	283%	
	Drain/Inject, Joint/Bursa (20600, 20605, 20610)	\$20.94	\$38,848	1,878	172%	319%	554%	
	Destruction, Benign or Premalignant Lesions (17003, 17004, 17106 - 17108, 17110, 17111)	\$18.42	\$36,295	1,970	226%	461%	732%	
	Appendix (44970)	\$316.67	\$33,250	107	115%	174%	298%	
	Foramen Epidural (64480, 64483)	\$124.62	\$29,427	237	94%	90%	237%	
Optometric/	Eye Exams (92002, 92004, 92012, 92014)	\$58.77	\$1,035,734	18,576	87%	190%	165%	
	Fitting of Spectacles (92340 - 92342)	\$31.41	\$436,548	15,025	74%	NA <sup>16</sup>	95%	
76.9%	Refraction (92015)	\$20.70	\$325,198	16,417	74%	NA <sup>16</sup>	152%	
	Other Services and Procedures (99173)	\$5.00	\$27,548	5,561	229%	NA <sup>16</sup>	176%	
	Visual Field Examination (92081 - 92083)	\$34.69	\$25,933	752	134%	227%	224%	
	Special Eye Evaluation (92060)	\$21.00	\$18,107	867	133%	275%	277%	
, ,	Sterilization & IUDs (58300, 58301, 58600, 58605, 58611, 58615, 58670, 58671, J7300, J7302, J7307, S4989) <sup>11</sup>	\$295.47	\$732,610	3,171	69%	15%	108%	
	Other Non-Pharmacy Contraception (11975, 11976, J1055, J7303, J7304, S4993) 12	\$24.61	\$78,528	3,641	113%	1%	132%	
	Adult Day Care (S5102)	\$49.24	\$791,964	15,793	125%	NA <sup>16</sup>	NA <sup>18</sup>	
	Echocardiography Claims with Professional and Technical Charges Combined (93303, 93304, 93306, 93307, 93320, 93321, 93325)	\$73.76	\$153,666	1,835	124%	147%	402%	
	Claims with Professional Charges Only (Mod 26) (93303, 93304, 93306, 93307, 93320, 93321, 93325)	\$20.54	\$110,463	5,161	106%	146%	345%	
	Claims with Technical Charges Only (Mod TC) (93306, 93307, 93320, 93325)	\$54.54	\$1,357	21	131%	133%	422%	
	Cardiography (93000, 93010)	\$8.57	\$132,523	10,778	113%	129%	271%	
	Arteries and Veins (36416, 36514, 36516, 36555, 36556, 36560, 36561)	\$26.52	\$88,652	3,259	109%	93%	229%	
	Cardiac Catheterization							
	Claims with Professional and Technical Charges Combined (93510, 93526)	\$965.22	\$16,143	23	89%	136%	141%	
	Claims With Professional Charges Only (Mod 26) (93510, 93526)	\$239.81	\$38,400	162	81%	112%	248%	
	Therapeutic Services and Procedures (92980, 92981)	\$614.36	\$40,244	63	100%	133%	275%	
	Heart and Pericardium (33533, 33535)	\$1,279.17	\$33,271	27	98%	150%	250%	

		Sample	ed Procedures - SF	Payment as % of NH Medicaid			
Service Group	Service Sub-Group	Current Average Rate	Total Actual or Estimated Paid Amount	Total Units	Avg - Other NE States /NH	Medicare /NH	AII Comm /NH
Immunization Administration 100%	Administration (90465 - 90468, 90471 - 90474) 13	\$4.06	\$339,386	87,402	217%	404%	450%
Hearing Aids <sup>14</sup>	Hearing Aids (V5050, V5261)	\$566.02	\$128,667	259	108%	NA <sup>16</sup>	130%
40.7%	Hearing Aid Repair and Modification (V5014)	\$250.00	\$78,206	408	75%	NA <sup>16</sup>	34%
Immune Globulins 99.5%	Immune Globulins (90378, 90384)	\$477.79	\$221,887	530	108%	NA <sup>16</sup>	166%
Neurology and Neuromuscular Procedures <sup>17</sup> 49.1%	Sleep Testing  Claims with Professional Charges Only (Mod 26) (95808, 95810, 95811)  Claims with Professional and Technical Charges Combined (95810, 95811)	\$107.46 \$225.48	\$55,850 \$23,260	524 110	119% 204%	164% 367%	
	Routine Electroencephalography (EEG)  Claims with Professional Charges Only (Mod 26) (958916, 95819)  Claims with Professional and Technical Charges Combined (958916, 95819)	\$35.27 \$77.14	\$19,273 \$17,190	559 224	114% 144%	155% 345%	
Allergy Testing and Immunology	Allergen Immunotherapy (95115, 95117, 95145 - 95148, 95165) Allergy Testing (95004, 95010, 95015, 95024)	\$4.91 \$1.95	\$65,453 \$48,385	12,714 25,091	211% 154%	245% 324%	
95%							
Nursing Facility Services 98%	Subsequent (99307 - 99310) Initial (99304 - 99306)	\$33.25 \$53.22	\$87,700 \$12,066	2,886 232	124% 130%	195% 244%	
Noninvasive Vascular Diagnostic Studies 65.2%	Extremity Venous Studies (Including Digits)  Claims with Professional Charges Only (Mod 26) (93970, 93971)  Claims with Professional and Technical Charges Combined (93970, 93971)	\$49.55 \$98.50	\$54,614 \$21,504	1,115 219	39% 112%	54% 163%	

	Sample	d Procedures - SF	Payment as	dicaid		
Service Group Service Sub-Group Av	Current Average Rate	Total Actual or Estimated Paid Amount	Total Units	Avg - Other NE States /NH	Medicare /NH	AII Comm /NH

#### Footnotes:

<sup>1:</sup> Medicare does not pay for Office Consultations (99241 - 99245)

<sup>&</sup>lt;sup>2</sup>: Medicare does not pay for Primary Preventive Services

<sup>&</sup>lt;sup>3</sup>: To adjust for CPT codes that were discontinued and assigned to new CPT codes in SFY 2009, the following utilization adjustments were made: 99471 includes utilization for 99293, 99472 includes utilization for 99294, 99468 includes utilization for 99295, 99469 includes utilization for 99296, 99479 includes utilization for 99299, 99480 includes utilization for 99290.

<sup>&</sup>lt;sup>4</sup>: Medicare does not pay for Inpatient Consultations (99251 - 99255)

<sup>&</sup>lt;sup>5</sup>: Medicare does not pay for 92551

<sup>&</sup>lt;sup>6</sup>: Medicare does not pay for 92340, 92341, 92342, 99173, 92015

<sup>&</sup>lt;sup>7</sup>: Private Duty Nursing: S9123 or S9124 are priced manually by CT, are "under redesign" in MA, do not appear on the ME fee schedule, RI pays only prior authorized and possibly via a waiver, VT pays as billed, Medicare does not cover Private Duty Nursing, No Commercial data for S9124.

<sup>&</sup>lt;sup>8</sup>: Personal Care: CT, MA and RI appear to pay for these services via Personal Care Assistance Waiver programs, VT pays for them but not from the fee schedule, unable to locate Medicare rate, no Commercial Data available

<sup>9:</sup> Methadone: CT and RI provide service, but unable to locate rates, Not covered by Medicare as a Part D drug when used for treatment of opioid dependence because it cannot be dispensed for this purpose upon a prescription at a retail pharmacy.

<sup>10:</sup> Prenatal/Post Partum Home Visit Program: MA is the only state with a rate published for T1027-TH. Medicare does not have a rate for this CPT Modifier combination.

<sup>11:</sup> Medicare does not pay for J7300, J7302, J7307, S4989; MA doesn't publish rates for J7300 or J7302 and manually prices J7307 and S4989; the only rate available for S4989 is Commercial;

<sup>12:</sup> Medicare does not pay for 11975, J1055, J7303, J7304, S4993; MA manually prices J1055, J7303 and J7304; ME does not pay for J7303, J7304, and S4993; RI does not pay for S4993

<sup>&</sup>lt;sup>13</sup>: ME does not pay for 90467, 90468, 90473 or 90474

<sup>&</sup>lt;sup>14</sup>: NH utilization for V5261 reflects only those hearing aids priced from the fee schedule, as some claims for this code are manually priced. MA manually prices all hearing aid services; Medicare does not cover hearing aids

<sup>15:</sup> Rates not available for Other New England States

<sup>16:</sup> Rates not available for Medicare

<sup>1/2:</sup> Other New England State rates for Modifiers 26 and TC based on rates for MA and ME.

<sup>18:</sup> Rates not available for Commercial

<sup>&</sup>lt;sup>19</sup>: Please note that the rates and payment totals shown here reflect only those associated with Level 3 pricing. Some providers have established Level 1 pricing set up in NH AIM, and may be paid different rates

### **Benchmarking Summary: Inpatient Hospital Services**

	Sampled Procedures - SFY 2009					Payment as % of NH Medicaid		
Service Group	Service Sub-Group	Current Average Rate	Total Actual or Estimated Paid Amount	Total Units (Claims Paid for Inpatient)	Avg - Other NE States /NH	Medicare /NH	All Comm /NH	
Inpatient HospitalNon-Critical	Normal Newborn (DRG 795)	\$458.07	\$1,179,789	2,479	NA <sup>1</sup>	191%	408%	
Access Hospitals <sup>1</sup>	Newborn with complications (DRGs 789, 790, 791, 792, 793, 794)daily rate	\$584.79	\$7,634,963	1,268	NA <sup>1</sup>	191%	440%	
Represents the top overall hospital	Vaginal or Cesarean Delivery (DRGs 765, 766, 767, 768, 774, 775)	\$1,826.60	\$5,863,662	3,078	NA <sup>1</sup>	191%	399%	
DRG groups in terms of total amount	Psychoses (DRG 885) <sup>2</sup>	\$4,646.13	\$3,347,461	692	NA <sup>1</sup>	NA <sup>2</sup>	159%	
paid, excluding one hospital with alternative reimbursement rates.) 43%	ECMO or trach w MV 96+ hrs or PDX exc face, mouth & neck w maj O.R. (DRG 003)	\$51,746.82	\$1,514,547	20	NA <sup>1</sup>	191%	464%	
	Respiratory system diagnosis w ventilator support 96+ hours (DRG 207)	\$14,668.04	\$630,565	37	NA <sup>1</sup>	191%	473%	
	Trach w MV 96+ hrs or PDX exc face, mouth & neck w/o maj O.R. (DRG 004)	\$31,711.21	\$828,692	21	NA <sup>1</sup>	191%	560%	
	Rehabilitation w CC/MCC (DRG 945)	\$14,514.98	\$774,291	60	NA <sup>1</sup>	NA <sup>2</sup>	119%	
	Esophagitis, gastroent & misc digest disorders w/o MCC (DRG 392)	\$1,960.62	\$386,770	184	NA <sup>1</sup>	191%	477%	
	Major joint replacement or reattachment of lower extremity w/o MCC (DRG 470)	\$5,839.35	\$477,905	76	$NA^1$	191%	443%	
	Simple pneumonia & pleurisy w CC (DRG 194)	\$2,826.05	\$336,133	111	NA <sup>1</sup>	191%	351%	
	Spinal fusion except cervical w/o MCC (DRG 460)	\$10,509.02	\$432,842	36	$NA^1$	191%	390%	
	Septicemia w/o MV 96+ hours w MCC (DRG 871)	\$5,222.93	\$260,726	48	NA <sup>1</sup>	191%	482%	
	Craniotomy & endovascular intracranial procedures w MCC (DRG 025)	\$13,664.54	\$214,332	13	NA <sup>1</sup>	191%	475%	
	Major cardiovasc procedures w MCC or thoracic aortic anuerysm repair (DRG 237)	\$14,264.82	\$227,125	13	NA <sup>1</sup>	191%	395%	
	Chemotherapy w/o acute leukemia as secondary diagnosis w CC (DRG 847)	\$2,677.33	\$164,231	49	NA <sup>1</sup>	191%	507%	
	Cellulitis w/o MCC (DRG 603)	\$2,316.70	\$317,792	130	NA <sup>1</sup>	191%	317%	
Inpatient HospitalCritical Access	Normal Newborn (DRG 795)	\$508.97	\$242,296	489	NA <sup>1</sup>	NA <sup>2</sup>	367%	
Hospitals <sup>1</sup>	Newborn with complications (DRGs 789, 790, 791, 792, 793, 794)daily rate	\$637.26	\$190,304	145	NA <sup>1</sup>	NA <sup>2</sup>	399%	
(Represents the top overall hospital	Vaginal or Cesarean Delivery (DRGs 765, 766, 767, 768, 774, 775)	\$1,904.09	\$1,033,981	562	NA <sup>1</sup>	NA <sup>2</sup>	363%	
DRG groups in terms of total amount paid, excluding one hospital with	Respiratory system diagnosis w ventilator support 96+ hours (DRG 207)	\$16,298.32	\$51,216	4	$NA^1$	NA <sup>2</sup>	427%	
alternative reimbursement rates for	Esophagitis, gastroent & misc digest disorders w/o MCC (DRG 392)	\$2,178.46	\$81,605	40	$NA^1$	NA <sup>2</sup>	429%	
newborn and delivery services.)	Major joint replacement or reattachment of lower extremity w/o MCC (DRG 470)	\$6,488.17	\$18,894	3	NA <sup>1</sup>	$NA^2$	399%	
	Simple pneumonia & pleurisy w CC (DRG 194)	\$3,140.06	\$55,196	18	NA <sup>1</sup>	$NA^2$	315%	
	Septicemia w/o MV 96+ hours w MCC (DRG 871)	\$5,803.25	\$19,755	4	NA <sup>1</sup>	$NA^2$	434%	
	Cellulitis w/o MCC (DRG 603)	\$2,574.12	\$21,508	10	NA <sup>1</sup>	NA <sup>2</sup>	285%	

#### Footnotes:

NA<sup>1</sup> NH Medicaid cannot compare its rates to values from other states, as payment methodologies are not the same.

NA<sup>2</sup> NH Medicaid cannot compare its rates to Medicare values, as payment methodologies are not the same.

<sup>&</sup>lt;sup>1</sup> Represents the standard inpatient rates without consideration of outlier days, indirect medical costs (IME), Disproportionate Share Hospitals (DSH) or capital as these parameters are not constant values. IME and DSH vary for each provider and outlier

<sup>&</sup>lt;sup>2</sup> Psychoses inpatient DRG rate is based on claims from psychiatric Designated Receiving Facilities and Distinct Part Units. There are a small number of cases at other facilities that may have been reimbursed using different rates.

# **Benchmarking Summary: Outpatient Hospital Services**

		Samp	led Procedures - C	CY2009	Payme	H Medicaid	
Service Group	Service Sub-Group	Current Average Interim Payment	Total Actual or Estimated Paid Amount	Total Units (Claims Paid for Inpatient)	Avg - Other NE States /NH	Medicare /NH	All Comm /NH
Outpatient HospitalNon-Critical	Emergency Dept Visit	\$83.61	\$5,882,556	70,353	NA1	NA²	403%
Access Hospitals <sup>1</sup>	Cancer Drugs	\$16.16	\$1,684,535	104,261	NA	NA²	263%
(Represents the top procedure code	Injections & Infusions	\$31.44	\$1,388,190	44,147		NA <sup>2</sup>	389%
groups in terms of total amount paid.  Excludes services submitted without a	Observation Care	\$22.73		31,937		NA²	323%
CPT procedure code as well as	Echocardiography	\$207.48	\$575,329	2,773		NA²	271%
radiology/imaging, laboratory,	Cardiography	\$50.14	\$449,585	8,966	NA <sup>1</sup>	$NA^2$	360%
pathology, and therapy services which	Sleep Testing	\$548.74	\$346,258	631	NΑ¹	NA²	365%
re reported in other sections of the	Cardiac Catheterization	\$813.41	\$344,885	424	NA	NA²	241%
report.)	Endoscopy	\$367.88	\$343,604	934	NA	NA²	297%
44%	Chemotherapy Administration	\$87.85	\$314,607	3,581	NA <sup>1</sup>	NA²	302%
	Autoimmune Disorder Drugs	\$17.82	\$306,532	17,204	NA <sup>1</sup>	NA²	606%
	Electroencephalography (EEG)	\$318.61	\$248,515	780	NA	NA²	234%
	Immunoglobulin Drugs	\$81.63	\$231,175	2,832	NA	NA²	105%
	Colonoscopy	\$357.42	\$215,884	604	NA	NA²	306%
	Replace G-J Tube Perc	\$3,503.55	\$185,688	53	NA	NA²	108%
	Fetal Non-Stress Test	\$52.71	\$168,237	3,192	NA	NA²	444%
	Remove Tonsils & Adenoids	\$457.52	\$165,621	362	$NA^1$	$NA^2$	307%
	Tympanostmy (create eardrum opening)	\$322.40	\$146,371	454	NA	NA²	309%
	Wound Repair/Closure	\$64.73	\$145,523	2,248	NA	NA²	438%
	Ovarian Laparoscopy	\$902.10	ma 45 000	161	NA'	NA	155%
Outpatient HospitalCritical Access	Emergency Dept Visit	\$80.91	\$3,613,739	44,663	NA1	NA²	400%
Hospitals <sup>1</sup>	Cancer Drugs	\$96.36	\$887,688	9,212	NA <sup>1</sup>	NA²	109%
(Represents the top 20 procedure code	Injections & Infusions	\$38.45	\$408,576	10,627	NA <sup>1</sup>	NA²	349%
groups in terms of total amount paid.	Observation Care	\$38.74	\$225,376	5,817	NA	NA²	196%
Excludes services submitted without a CPT procedure code as well as	Echocardiography	\$338.78	\$148,726	439	NA <sup>1</sup>	NA²	188%
radiology/imaging, laboratory,	Remove Tonsils & Adenoids	\$548.67	\$143,750	262	NA <sup>1</sup>	NA²	276%
pathology, and therapy services which	Fetal Non-Stress Test	\$68.96	\$142,327	2,064	NA	NA²	339%
are reported in other sections of the	Wound Repair/Closure	\$97.22	\$128,530	1,322	$NA^1$	$NA^2$	314%
report.)	Autoimmune Disorder Drugs	\$20.39		6,262	NA	NA²	399%
37%	Cardiography	\$56.77		2,063	NA <sup>1</sup>	NA²	322%
	Laparoscopic Cholecystectomy	\$369.84		272	NA <sup>1</sup>	$NA^2$	787%
	Chemotherapy Administration	\$91.43		1,032	NA	NA²	248%
	Ovarian Laparoscopy	\$761.87		113		NA <sup>2</sup>	166%
		•			-		•

### **Benchmarking Summary: Outpatient Hospital Services**

			Sample	ed Procedures - C	CY2009	Payme	nt as % of NI	H Medicaid
Service Group	Service Sub-Group	A	Current Average Interim Payment	Total Actual or Estimated Paid Amount		Avg - Other NE States /NH		All Comm /NH
	Colonoscopy		\$293.59	\$81,032	276	NA	NA²	345%
	Endoscopy		\$270.10	\$74,277	275	NA <sup>1</sup>	NA <sup>2</sup>	390%
	Tympanostmy (create eardrum opening)		\$362.68	\$71,448	197	NA	NA²	276%
	Cancer/Autoimmune Disorder Drugs		\$713.41	\$61,353	86	NA	NA²	153%
	Vaccines & Immunization Administration		\$6.02	\$56,171	9,324	NA	NA²	563%
	Appendectomy		\$228.64	\$53,503	234	NΑ¹	NA²	478%
	Anti-Nausea Drugs		\$7.89	\$51,882	6,5/6	NA.	NA	237%

#### Footnotes:

NA<sup>1</sup> NH Medicaid cannot compare its rates to values from other states, as payment methodologies are not the same.

NA<sup>2</sup> NH Medicaid cannot compare its rates to Medicare values, as payment methodologies are not the same.

<sup>&</sup>lt;sup>1</sup> NH Medicaid rate is based on the average amount paid per unit. Rates vary widely by provider. Also, commercial carrier benchmark percentages for certain services may not reflect plan-specific reimbursement arrangements, e.g., bundling services and global payments.

	Sampled Procedures - SF			2009	Payment as % of NH M		ledicaid	
Service Group	Servic	ee Sub-Group	Current Average Rate/Interim Payment	Total Actual or Estimated Paid Amount	Total Units	Avg - Other NE States /NH	Medicare /NH	All Comm /NH
Based on Physician ar	nd Professio	nal Utilization						
Imaging 68%								
Ultrasound	Obste	tric Ultrasound						
		Claims with Professional and Technical Charges Combined (76801, 76802, 76805, 76810 - 76817, 76819)	\$68.17	\$395,026	5,912	129%	191%	330%
		Claims with Professional Charges Only (Mod 26) (76801, 76802, 76805, 76810 - 76817, 76819)	\$25.56	\$247,347	9,295	156%	179%	386%
		Claims with Technical Charges Only (Mod TC) (76801, 76805, 76811, 76817, 76819)	\$41.82	\$3,582	84	160%	204%	311%
	Ultraso	ound						
		Claims with Professional Charges Only (Mod 26) (76700, 76705, 76770, 76830, 76856)	\$23.76	\$220,167	6,363	149%	152%	292%
		Claims with Professional and Technical Charges Combined (76700, 76705, 76770, 76830, 76856)	\$72.71	\$117,490	1,636	101%	173%	286%
		Claims with Technical Charges Only (Mod TC) (76700, 76830, 76856)	\$37.50	\$283	8	146%	235%	269%
Complex Imaging	CT Sc	an						
(CT, MRI)		Claims with Professional Charges Only (Mod 26) (70450, 70486, 71260, 71275, 72125, 72192, 72193, 74150, 74160)	\$38.22	\$576,712	13,636	146%	152%	298%
		Claims with Professional and Technical Charges Combined (70450, 70486, 71260, 71275, 72125, 72192, 72193, 74150, 74160)	\$150.33	\$69,001	459	144%	188%	437%
	MRI							
		Claims with Professional Charges Only (Mod 26) (70551, 70553, 72141, 72148, 73721)	\$52.41	\$188,675	3,454	166%	166%	342%
		Claims with Professional and Technical Charges Combined (70551, 70553, 72141, 72148, 73721)	\$348.08	\$124,960	360	121%	136%	309%
		Claims with Technical Charges Only (Mod TC) (70551, 70553, 72141, 72148, 73721)	\$258.77	\$22,035	91	125%	143%	286%

		Sampled	Procedures - SFY	Payment as % of NH Medicaid			
Service Group	Service Sub-Group	Current Average Rate/Interim Payment	Total Actual or Estimated Paid Amount	Total Units	Avg - Other NE States /NH	Medicare /NH	All Comm /NH
Simple Imaging (X-Ray)	Claims with Professional Charges Only (Mod 26) (71010, 71020, 73610)	\$6.63	\$162,766	24,754	136%	156%	310%
	Claims with Professional and Technical Charges Combined (71010, 71020, 73610)	\$16.38	\$33,771	2,090	143%	190%	388%
	Claims with Technical Charges Only (Mod TC) (71010, 71020, 73610)	\$9.82	\$1,762	180	181%	211%	383%
Mammogram	Claims with Professional Charges Only (Mod 26) (G0202, G0204, G0206)	\$21.41	\$49,802	1,618	182%	172%	311%
	Claims with Professional and Technical Charges Combined (G0202, G0204, G0206)	\$79.23	\$36,171	467	137%	173%	324%
	Claims with Technical Charges Only (Mod TC) (G0202, G0204, G0206)	\$56.54	\$16,045	346	151%	179%	309%
Therapeutic Radiology 51	<u> </u>   .5%						
Medical Radiation Physics,	Radiation Treatment Aid(s)						
Dosimetry, Treatment	Claims with Professional and Technical Charges Combined (77334)	\$108.00	\$48,708	451	109%	146%	252%
Devices, & Special Services	Claims with Professional Charges Only (Mod 26) (77334)	\$35.64	\$17,178	482	151%	179%	351%
	Claims with Technical Charges Only (Mod TC) (77334)	\$71.28	\$5,417	76	123%	131%	$NA^3$
Radiation Treatment Management	Radiation Treatment Management (77427)	\$98.80	\$61,750	625	184%	199%	344%

			Sampled	Procedures - SFY	2009	Payment	as % of NH N	/ledicaid
Service Group	Servio	ce Sub-Group	Current Average Rate/Interim Payment	Total Actual or Estimated Paid Amount	Total Units	Avg - Other NE States /NH	Medicare /NH	All Comm /NH
Based on Outpatient Ut	tilization <sup>2</sup>							
Ultrasound	Obste	tric Ultrasound						
		Obstetric Ultrasound - Professional and Technical Charges Combined (76801, 76802, 76805, 76810, 76811, 76812, 76813, 76814, 76815, 76816, 76817, 76819)	\$59.99	\$574,199	9,571	133%	205%	351%
		Obstetric Ultrasound - Professional Charges Only (Mod 26) (76801, 76805, 76811, 76812, 76815, 76816)	\$35.10	\$3,475	99	117%	167%	392%
		Obstetric Ultrasound - Technical Charges Only (Mod TC) (76801, 76802, 76805, 76810, 76811, 76812, 76815, 76816, 76817, 76819)	\$32.82	\$6,696	204	174%	245%	367%
	Ultras	ound						
		Ultrasound - Professional and Technical Charges Combined (76700, 76705, 76770, 76830, 76856)	\$73.63	\$451,419	6,131	102%	168%	289%
		Ultrasound - Technical Charges Only (Mod TC) (76700, 76705, 76830, 76856)	\$54.86	\$4,388	80	59%	188%	288%
Complex Imaging	CT Sc	ran						
(CT, MRI)		CT Scan - Professional and Technical Charges Combined (70450, 70486, 71260, 71275, 72125, 72192, 72193, 74150, 74160)	\$153.64	\$1,717,994	11,182	140%	179%	426%
		CT Scan - Professional Charges Only (Mod 26) (70450, 70486, 71260, 71275, 72125, 72192, 72193, 74150, 74160)	\$38.74	\$3,100	80	130%	146%	287%
		CT Scan - Technical Charges Only (Mod TC) (70450, 70486, 71260, 71275, 72125, 72192, 72193, 74150, 74160)	\$112.17	\$13,012	116	136%	49%	96%
	MRI	ND 5 6 1 1 1 T 1 1 1 0 1 0 1 1 1 1 1 1 1 1 1 1	*0.77.04	** ***	0.070	1000/	10.10	
		MRI - Professional and Technical Charges Combined (70551, 70553, 72141, 72148, 73721)	\$367.24	\$1,128,166	3,072	122%	134%	308%
		MRI - Technical Charges Only (Mod TC) (70551, 70553, 72141, 72148, 73721)	\$303.85	\$11,242	37	106%	131%	283%
Simple Imaging (X-Ray)								
		X-Ray - Professional and Technical Charges Combined (71010, 71020, 73610)	\$15.45	\$315,158	20,399	152%	198%	420%
		X-Ray - Professional Charges Only (Mod 26) (71010, 73610)	\$6.71	\$94	14	179%	158%	
		X-Ray - Technical Charges Only (Mod TC) (71010, 71020, 73610)	\$9.13	\$2,748	301	166%	226%	431%

		Sampled	Sampled Procedures - SFY 2009 Payment as % o				ledicaid
Service Group	Service Sub-Group	Current Average Rate/Interim Payment	Total Actual or Estimated Paid Amount	Total Units	Avg - Other NE States /NH	Medicare /NH	All Comm /NH
Mammogram							
	Mammogram - Professional and Technical Charges Combined (G0202, G0204, G0206)	\$78.71	\$66,986	851	138%	175%	326%
	Mammogram - Professional Charges Only (Mod 26) (G0202, G0204, G0206)	\$23.00	\$92	4	144%	173%	312%
	Mammogram - Technical Charges Only (Mod TC) (G0202, G0204, G0206)	\$59.49	\$8,091	136	98%	172%	300%
Therapeutic Radiology	I						
Medical Radiation Physics, Dosimetry, Treatment Devices, & Special Services	Radiation Treatment Aid(s)  Claims with Professional and Technical Charges Combined (77334)	\$108.00	\$101,304	938	109%	146%	252%

#### Footnotes

<sup>1:</sup> Rates not available for Other New England States

<sup>&</sup>lt;sup>2</sup>: Outpatient Utilization reflects utilization in CY 2009.

<sup>&</sup>lt;sup>3</sup>: Rates not available for Commercial

# **Benchmarking Summary: Lab & Pathology Services**

		Sample	d Procedures - SF	Y 2009	Payment	Medicaid	
Service Group	Service Sub-Group	Current Average Rate/Interim Payment	Total Actual or Estimated Paid Amount	Total Units	Avg - Other NE States /NH	Medicare /NH	All Comm /NH
Based on Physician and Profession	onal Utilization 67.1%						
Drug Testing	Drug Testing (80100 - 80102)	\$11.82	\$641,240	47,002	111%	167%	164%
Microbiology	Microbiology (87086, 87088, 87491, 87591, 87880)	\$12.33	\$289,310	21,878	167%	167%	194%
Surgical Pathology	Surgical Pathology Claims with Professional Charges Only (Mod 26) (88304, 88305, 88307)	\$18.65	\$188,559	10,195	NA <sup>2</sup>	223%	507%
	Claims with Professional and Technical Charges Combined (88304, 88305, 88307)	\$31.59	\$17,312	548	196%	354%	435%
	Claims with Technical Charges Only (Mod TC) (88304, 88305, 88307)	\$12.63	\$6,809	539	NA <sup>2</sup>	542%	559%
Chemistry	Chemistry (82055, 83655, 83890 - 83894, 83896 - 83898, 84443)	\$6.75	\$161,776	23,471	178%	167%	200%
Cytopathology	Cytopathology (88141, 88142, 88174, 88175)	\$18.98	\$135,371	5,093	132%	168%	205%
Organ or Disease-Oriented Panels	Organ or Disease-Oriented Panels (80050, 80053, 80061) <sup>1</sup>	\$15.55	\$98,369	9,340	118%	94%	148%
Urinalysis	Urinalysis (81000 - 81003, 81025)	\$2.86	\$65,706	18,344	150%	167%	206%
Hematology and Coagulation	Hematology and Coagulation (85004, 85007 - 85009, 85013, 85014, 85018, 85025, 85027)	\$4.38	\$52,855	14,577	171%	167%	173%
Immunology	Immunology (86001, 86003, 86005)	\$4.48	\$28,760	5,100	348%	167%	176%
Based on Outpatient Hospital Utili	zation						
Drug Testing	Drug Testing (80100 - 80102)	\$11.86	\$538,731	45,413	105%	167%	165%
Microbiology	Microbiology (87086, 87088, 87491, 87591, 87880)	\$11.57	\$380,674	32,889	162%	167%	188%
Surgical Pathology	Surgical Pathology Claims with Professional and Technical Charges Combined (88304, 88305, 88307)	\$30.96	\$254,840	8,230	196%	351%	433%
Chemistry	Chemistry (82055, 83655, 83890 - 83894, 83896 - 83898, 84443)	\$8.44	\$308,674	36,572	282%	167%	185%
Cytopathology	Cytopathology (88141, 88142, 88174, 88175)	\$19.76	\$84,968	4,299	140%	167%	177%
Organ or Disease-Oriented Panels	Organ or Disease-Oriented Panels (80050, 80053, 80061) <sup>1</sup>	\$9.68	\$349,556	36,108	148%	166%	168%
Urinalysis	Urinalysis (81000 - 81003, 81025)	\$2.59	\$90,491	34,921	153%	167%	201%
Hematology and Coagulation	Hematology and Coagulation (85004, 85007 - 85009, 85013, 85014, 85018, 85025, 85027)	\$5.92	\$364,487	61,527	161%	167%	172%
Immunology	Immunology (86001, 86003, 86005)	\$4.48	\$29,898	6,669	307%	167%	176%

## **Benchmarking Summary: Lab & Pathology Services**

				Sampled Procedures - SFY 2009			
Service Group	Service Sub-Group	Current Average Rate/Interim Payment	Total Actual or Estimated Paid Amount	Total Units	Avg - Other NE States /NH	Medicare /NH	All Comm /NH

#### Footnotes

<sup>1:</sup> Medicare doesn't pay for 80050 2: Rates not available for Other New England States

# **Benchmarking Summary: Therapy Services**

		Sample	Sampled Procedures - SFY 2009 Payment a				/ledicaid
Service Group	Service Sub-Group	Current Average Rate/Interim Payment	Total Actual or Estimated Paid Amount	Total Units	Avg - Other NE States /NH	Medicare /NH	All Comm /NH
Based on Physician and Pro	ofessional Utilization						
Physical and Occupational 99%	Physical and Occupational (97001 - 97003, 97010, 97012, 97014, 97032, 97033, 97035, 97039, 97110, 97112, 97113, 97116, 97140, 97150, 97530, 97535, 97750,97760)	\$21.86	\$1,989,183	89,400	84%	138%	125%
Speech 100%	Speech (92506, 92507, 92508, 92526, 92609, 92610)	\$19.01	\$203,746	11,349	191%	382%	495%
Based on Outpatient Utilizat	ion						
Physical and Occupational	Physical and Occupational (97001, 97002, 97003, 97010, 97012, 97014, 97032, 97033, 97035, 97039, 97110, 97112, 97113, 97116, 97140, 97150, 97530, 97535, 97750,97760)	\$22.08	\$1,922,675	87,073	79%	143%	129%
Speech	Speech (92506, 92507, 92508, 92526, 92609, 92610)	\$18.46	\$134,779	7,303	197%	390%	484%

## **Benchmarking Summary: FQHC & RHC Services**

			Sampled Procedures - SFY 2009			Paymen	Medicaid	
S	ervice Group	Service Sub-Group	Current Average Rate	Total Actual or Estimated Paid Amount		Avg - Other NE States /NH	Medicare /NH	All Comm /NH
F	QHC and RHC Clinic Service	Federally Qualified Health Center (CPT T1015)	\$149.19	\$9,073,403	62,031	NA <sup>1</sup>	76%	$NA^3$
E	ncounter Rates	Freestanding Rural Health Clinic (CPT T1015)	\$76.32	\$567,911	7,811	$NA^1$	104%	$NA^3$
		Hospital-Based Rural Health Clinic (Rev 521)	\$103.60	\$1,524,269	14,713	$NA^1$	$NA^2$	$NA^3$

#### Footnotes:

NA<sup>1</sup> NH Medicaid cannot compare its rates to values from other states, as payment methodologies are not the same.

NA<sup>2</sup> NH Medicaid cannot compare its rates to Medicare values, as payment methodologies are not the same.

NA<sup>3</sup> Not paid by Commercial Carriers used for this analysis.

# **Benchmarking Summary: Dental Services**

		Sampled Procedures - SFY 2009 Payment as				t as % of NH	Medicaid
Service Group	Service Sub-Group	Current Average Rate	Total Actual or Estimated Paid Amount		Avg - Other NE States /NH <sup>1</sup>	Medicare /NH	All Comm /NH
Dental Services	Diagnostic (D0120, D0150, D0140)	\$38.85	\$2,645,671	70,675	77%	NA <sup>1</sup>	142%
73%	Diagnostic Imaging (D0272, D0274, D0210)	\$28.23	\$859,271	30,772	87%	$NA^1$	172%
	Preventive (D1120, D1203, D1351)	\$30.04	\$3,360,822	114,234	93%	$NA^1$	246%
	Restorative (D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2391, D2392, D2393, D2394, D2940)	\$105.38	\$4,915,646	48,535	79%	NA <sup>1</sup>	245%
	Endodontics (D3220, D3310, D3320, D3330)	\$160.21	\$564,987	3,805	86%	$NA^1$	213%
	Oral Surgery (D7140, D7210, D7240)	\$109.83	\$2,607,590	24,388	110%	NA <sup>1</sup>	547%

#### Footnotes:

NA<sup>1</sup> Not paid by Medicare

<sup>&</sup>lt;sup>1</sup> There exists significant variability in the rates among the NE states.

## **Benchmarking Summary: Transportation Services**

		Sampled	Procedures - SF\	′ 2009	Payment as % of NH Medicaio			
Service Group	Service Sub-Group	Current Average Rate	Total Actual or Estimated Paid Amount	Paid Total Avg - Other Me		Medicare /NH	All Comm /NH	
Ambulance Transportation and Life Support	Advanced Life Support (A0426, A0427, A0433)	\$173.68	\$651,493	3,770	104%	233%	273%	
100%	Basic Life Support (A0428, A0429)	\$145.00	\$857,673	5,937	105%	202%	236%	
	Ground Mileage (A0425)	\$2.60	\$366,612	125,676	97%	259%	572%	
Rotary Wing 100%	Rotary Wing (A0431)	\$1,300.00	\$227,500	175	214%	259%	373%	
Specialty Care Transport 100%	Specialty Care Transport (A0434)	\$175.00	\$29,225	167	178%	400%	429%	
Transportation Ancillary 100%	Transportation Ancillary (A0170, T2007)	\$2.48	\$148,578	96,738	NA <sup>2</sup>	NA <sup>1</sup>	231%	
Wheelchair Van <sup>1</sup>	Mileage (S0209)	\$2.46	\$1,048,819	554,288	59%	NA <sup>1</sup>	$NA^3$	
100%	Wheelchair Van (A0130)	\$27.35	\$1,788,763	64,572	66%	NA <sup>1</sup>	26%	

<sup>&</sup>lt;sup>1</sup>: Medicare does not pay for wheelchair van

<sup>&</sup>lt;sup>2</sup>: Rates not available for Other NE States

<sup>&</sup>lt;sup>3</sup>: Rates not available for Commercial

### **Benchmarking Summary: Anesthesia Services**

	Sampled Procedures - SFY 2009 Payment as % of NH Medicaid					
Service Group	Current Average Rate	Total Actual or Estimated Paid Amount		Avg - Other NE States /NH <sup>2</sup>	Medicare /NH	All Comm /NH
Anesthesia - All Codes with TOS =7 and Modifier = AA or Blank 82%	\$13.45	\$10,760,199	912,662	128%	155%	NA <sup>1</sup>

#### Footnotes:

NA<sup>1</sup>: Commercial rates are impossible to determine given the various payers, providers and agreements between each

<sup>&</sup>lt;sup>2</sup>: CT and RI are not included in this value, due to the various ways they calculate rates. Please see Appendix C for more information.

### **Benchmarking Summary: Interpreter Services**

	Sampled Procedures - SFY 2009			Payment as % of NH Medicaid			
Service Group	Service Sub-Group	Current Average Rate	Total Actual or Estimated Paid Amount		NIE States	Medicare /NH	All Comm /NH
Interpreter Services	Hearing Impaired, 15 Min - T1013-UA-U1	\$6.25	\$531.25	34	267%	NA <sup>1</sup>	
100%	Language, 15 Minutes - T1013-UC-U1	\$3.75	\$17,319.25	1,805	444%	NA <sup>1</sup>	See Below
	Each Additional 15 Minutes (T1013-UA-U2, T1013-UC-U2)	\$2.25	\$1,561.50	322	741%	NA <sup>1</sup>	

Footnotes:

NA1: Not Paid by Medicare

#### Sample Commercial Rates for Interpretation Services are:

Interpreter	Language	Typ Ra	oical ate	Unit	Hourly Rate	Unit	Comments
Lutheran Social Services	Foreign (Contract with LSS)		Hour \$ 45.00 DHHS currently has a contract with LSS for interpreter services wit		DHHS currently has a contract with LSS for interpreter services within DHHS and DHHS district offices, and the Office		
LanguageBank	Sign (Contract with LSS)			Hour	\$65 - \$75		of Minority Health. They perform in-person interpretation, and subcontract with AT&T Language Line for telephone
	Foreign (LSS subcontract with AT&T Language Line)	\$	1.75	Minute			interpretation. Minimum of 2 hours, travel rates are additional.
Granite State Independent Living	Foreign			Hour	\$35 - \$45	Hour	Time is charged portal to portal, which accounts for travel time, mileage paid at \$0.58 per mile. Have not done foreign language interpretation yet, but may be able to in the future.
AT&T Language Line - Pay As You Go	Foreign	\$	3.96	Minute	\$ 237.60	Hour	No Contract, Pay as you go, no minimums
	Foreign	\$	1.59	Minute	\$ 95.40	Hour	Use of their dual set phones, \$450 equipment charge
DT Interpreting	Sign	\$	3.00	Minute	\$ 180.00		Video translation, \$450 per month equipment charge for video equipment (Wentworth Douglass uses 60 - 70 minutes per month, used most in areas with Deaf schools)

Northeast Deaf and Hard of Hearing Services is a referral agency for freelance interpreters. According to them, most freelance interpreters use the fee schedule published the Department of Education for Vocational Rehab. This results in fees between \$30 - \$45 dollars per hour, for a minimum of two hours, and includes reimbursement for travel time and mileage (currently \$0.585 per mile).

#### NH Department of Ed - Voc Rehab Rates ( Please Note: These rates only apply to sign language interpreters, not to foreign language interpreters ):

The following rates are excerpts from the Interpreter fee schedule for the NH Department of Education published on the NHRID website. The rates included reflect non-legal scenarios and represent the various certification levels recognized by the State. It is standard for interpreters to bill a two-hour minimum for any assignment which is under two hours long. These two hours do include driving time (interpreters are also reimbursed for travel time, mileage and tolls)

			Experiential Increase (Per Hour)								
Interpreter Categories		Base Rate	* Add \$1 for each additional 2 years of experience								
		2 years 4		4 years	6 years	8 years	10 years				
NATIONALLY CERTIFIED											
Level V (Master) - (CSC, RSC, CI&CT, ACCI-V, NIC-M,SC:L)			\$34.00	\$35.00	\$36.00	\$37.00	\$38.00				
Level IV (Advanced) - (IC&	TC, CI or CT, ACCI-IV, NIC-A, OIC&OTC)	\$30.00	\$31.00	\$32.00	\$33.00	\$34.00	\$35.00				
Level III (Generalist) - (IC o	or TC, ACCI-III, NIC-C)	\$28.00	\$29.00	\$30.00	\$31.00	\$32.00	\$33.00				
STATE SCREENED	STATE SCREENED										
(NHICS, MCDHH)		\$23.00	\$24.00	\$25.00	\$26.00						
Non-licensed interpreters v	rith waiver	\$20.00									

Source:

NHRID Interpreter Fee Schedule. 2006. New Hampshire Registry of Interpreters for the Deaf. 8 Jul. 2008 < http://www.nhrid.org/Interpreter\_Fee\_Schedule\_effective\_July\_1\_2006.sw/s.

## **Previous Year Rate Changes**

There were numerous rate changes in State Fiscal Year 2010 in response to budgetary and legislative action as well as routine changes. Rate changes and/or payment methodology changes occurred in the following areas across the NH Medicaid program:

- Roll-back of SFY 2008 and 2009 rate increases for adult medical daycare, ambulance, wheelchair van services, personal care, diagnostic radiology;
- Set diagnostic labs to 60% of Medicare;
- Set physician/professional services to 80% of Medicare;
- Set surgical assistance to 20% of physician rates and disallowed for some codes;
- Inpatient and outpatient hospitals:
  - Suspension of inpatient outlier payments and indirect medical education;
  - Increased rate for Coos County hospital maternity services;
  - Increased rate for out of state rehabilitation hospitals;
  - Shift from cost-based to fee schedule based reimbursement for outpatient hospitals for imaging, therapies, and physician services;
  - Allowing use of Urgent Care Center and disallowing use of Clinic revenue codes;
  - Routine changes to MS-DRG weights and outpatient interim rates;
- Reduced rate for methadone treatment;
- Increased rate for levonorgestrel-releasing IUD;
- Implementation of H1N1 vaccine billing;
- Increased rate for eye glasses;
- New payment methodology for in home skilled nursing and home health aid services;
- Routine encounter rate changes for FQHC/RHC;
- Routine rate changes for Private Non-Medical Institutions (residential care for children); foster care services; and home-based therapeutic services for children;
- Reduced rates for various mental health center services;
- Increased rate for mental health center therapeutic behavioral service per diem;
- Reduced various rates for Choices For Independence (CFI) elderly and chronically ill home and community based care services and made changes to CFI Adult Family Care program;
- Limiting nursing facility payments to the lesser of the billed amount or the allowed amount; and
- Temporary CFI skilled nurse in home health setting rate change.

Please see *Appendix D: NH Medicaid Rate Change Details* for detail on the rate changes that occurred in State Fiscal Year 2010.

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## **Public Hearing**

The following provides a high level summary of the testimony from the public hearing held on September 17, 2010. Although not required under the statute, we accepted written comments for an additional six days after the meeting.

We've addressed expressed methodological concerns where possible in the time available to meet the report submission deadline; additional concerns may be addressed in later releases of this report.

Please reference *Appendix E: Public Hearing Detail* for the list of public hearing attendees and written comments.

### Summary of Testimony Given at the Public Hearing

No specific testimony was read at the public hearing; however several individuals made general comments related to the report, which are summarized below.

# Scott Colby, Executive Vice President NH Medical Society

• Mr. Colby requested that we utilize a different example of how to read the Summary Table, since the example shows one of just a few instances where NH rates are higher than others, and he doesn't want readers to infer from this example that NH rates are typically higher than others we compared to for our analysis.

### Leslie Melby, Vice President, State Government Relations New Hampshire Hospital Association

- Ms. Melby mentioned the continued difficulty in comparing hospital data to other payers and asked if there were other types of comparisons that could be made.
- She also asked if DHHS could make general statements about what the rate reductions have meant in aggregate dollar amounts to providers.

## Vanessa Santarelli, Director of NH Public Policy Bi-State Primary Care

- Ms. Santarelli indicated that Bi-State will submit written comments on the report.
- She also added to Leslie Melby's comments with regard to the implications of the rate reductions, and how they relate to the Affordable Care Act as well as the retention and recruitment of providers in NH.

#### **Paul Spiess**

#### **Senate Bill 505 Commission**

- Mr. Spiess is interested in the impact on commercial insurance from the aspect of the funding and cost shift perspective and may request more information on this piece in the future.
- He also asked if DHHS considered utilizing a market basket approach for this report.

#### Rep. Cindy Rosenwald

#### **NH House of Representatives**

Rep. Rosenwald also asked about the market basket approach in terms of reimbursement.

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# **Appendix A: Selected Procedures by Service Group and Sub-Group**

The following tables provide a listing of the procedure codes, DRGS, and revenue codes used for this benchmarking analysis, sorted by service group and sub-group.

## **Physician and Professional Services**

Service Group	Service Sub-Group1	Service Sub-Group2	Procedure Code	Procedure w Code	Type of Service Code	Pricing Action Code	Mod1	Mod2
Adult Day Care		•	S5102	S5102 Adult Day Care Per Diem	9	3		
			S5102	S5102 Adult Day Care Per Diem	9	3	НС	U2
Allergy Testing	Allergen Immunotherapy		95115	95115 Immunotherapy, One Injection	1	3		
and Immunology	,		95117	95117 Immunotherapy Injections	1	3		
			95145	95145 Antigen Therapy Services	1	3		
			95146	95146 Antigen Therapy Services	1	3		
			95147	95147 Antigen Therapy Services	1	3		
			95148	95148 Antigen Therapy Services	1	3		
			95165	95165 Antigen Therapy Services	1	3		
	Allergy Testing		95004	95004 Percut Allergy Skin Tests	1	3		
			95010	95010 Percut Allergy Titrate Test	1	3		
			95015	95015 Id Allergy Titrate-Drug/Bug	1	3		
			95024	95024 ld Allergy Test, Drug/Bug	1	3		
Cardiovascular	Arteries and Veins		36416	36416 Capillary Blood Draw	2	3		
			36514	36514 Apheresis Plasma	1	3		
			36516	36516 Apheresis, Selective	1	3		
			36555	36555 Insert Non-Tunnel Cv Cath	2	3		
			36556	36556 Insert Non-Tunnel Cv Cath	2	3		
			36560	36560 Insert Tunneled Cv Cath	2	3		
			36561	36561 Insert Tunneled Cv Cath	2	3		
	Cardiac Catheterization		93510	93510 Left Heart Catheterization	1	3		
			93526	93526 Rt & Lt Heart Catheters	1	3		
			93510	93510 Left Heart Catheterization	1	3	26	
			93526	93526 Rt & Lt Heart Catheters	1	3	26	
	Cardiography		93000	93000 Electrocardiogram, Complete	1	3		
			93010	93010 Electrocardiogram Report	1	3		
	Echocardiography		93303	93303 Echo Transthoracic	1	3		
			93304	93304 Echo Transthoracic	1	3		
			93306	93306 Tte w Doppler, Complete	1	3		
			93307	93307 Tte wo Doppler, Complete	1	3		
			93307	93307 Tte wo Doppler, Complete	4	3		
			93320	93320 Doppler Echo Exam, Heart	1	3		
			93320	93320 Doppler Echo Exam, Heart	4	3		
			93321	93321 Doppler Echo Exam, Heart	1	3		
			93325	93325 Doppler Color Flow Add-On	1	3		

Service Group	Service Sub-Group1	Service Sub-Group2	Procedure Code	Procedure w Code	Type of Service Code	Pricing Action Code	Mod1	Mod2
			93325	93325 Doppler Color Flow Add-On	4	3		
			93303	93303 Echo Transthoracic	1	3	26	
			93304	93304 Echo Transthoracic	1	3	26	
			93306	93306 Tte w Doppler, Complete	1	3	26	
			93307	93307 Tte wo Doppler, Complete	1	3	26	
			93307	93307 Tte wo Doppler, Complete	4	3	26	
			93320	93320 Doppler Echo Exam, Heart	1	3	26	
			93320	93320 Doppler Echo Exam, Heart	4	3	26	
			93321	93321 Doppler Echo Exam, Heart	1	3	26	
			93325	93325 Doppler Color Flow Add-On	1	3	26	
			93325	93325 Doppler Color Flow Add-On	4	3	26	
			93306	93306 Tte w Doppler, Complete	1	3	TC	
			93307	93307 Tte wo Doppler, Complete	1	3	TC	
			93320	93320 Doppler Echo Exam, Heart	1	3	TC	
			93325	93325 Doppler Color Flow Add-On	1	3	TC	
	Heart and Pericardium		33533	33533 CABG, Arterial, Single	2	3		
			33535	33535 CABG, Arterial, Three	2	3		
	Therapeutic Services and	d Procedures	92980	92980 Insert Intracoronary Stent	1	3		
			92981	92981 Insert Intracoronary Stent	1	3		
Family Planning	Long Term		58300	58300 Insert Intrauterine Device	2	3		
			58301	58301 Remove Intrauterine Device	2	3		
			58600	58600 Division of Fallopian Tube	2	3		
			58605	58605 Division of Fallopian Tube	2	3		
			58611	58611 Ligate Oviduct(s) Add-On	2	3		
			58615	58615 Occlude Fallopian Tube(s)	2	3		
			58670	58670 Laparoscopy, Tubal Cautery	2	3		
			58671	58671 Laparoscopy, Tubal Block	2	3		
			J7300	J7300 Intraut Copper Contraceptive	1	3		
			J7302	J7302 Levonorgestrel lu Contracept	1	3		
			J7307	J7307 Etonogestrel Implant System	1	3		
	OL LT		S4989	S4989 Contracept IUD	9	3		
	Short Term		11975	11975 Insert Contraceptive Cap	2	3		
			11976	11976 Removal of Contraceptive Cap	2	3		
			J1055	J1055 Medrxyprogester Acetate Inj	1	3		
			J7303	J7303 Contraceptive Vaginal Ring	1	3		
			J7304	J7304 Contraceptive Hormone Patch	1	3		
			S4993	S4993 Contraceptive Pills for Bc	1	3		
			S4993	S4993 Contraceptive Pills for Bc	9	3		
Hearing Aid Repair and	Hearing Aid Repair and N	/lodification	V5014	V5014 Hearing Aid Repair/Modifying	9	3		
Modification	Hearing Aids		V5050	V5050 Hearing Aid Monaural in Ear	9	3		
			V5261	V5261 Hearing Aid, Digit, Bin, Bte	9	3		<u> </u>
Hospital Care	Discharge Services		99238	99238 Hospital Discharge Day	1	3		<u> </u>
			99239	99239 Hospital Discharge Day	1	3		

Service Group	Service Sub-Group1	Service Sub-Group2	Procedure Code	Procedure w Code	Type of Service Code	Pricing Action Code	Mod1	Mod2
our rice or oup	Initial Hospital Care	00.000000000000000000000000000000000000	99221	99221 Initial Hospital Care	1	3	ou	ouz
			99222	99222 Initial Hospital Care	1	3		
			99223	99223 Initial Hospital Care	1	3		
	Inpatient Consultations		99251	99251 Inpatient Consultation	1	3		
			99252	99252 Inpatient Consultation	1	3		
			99253	99253 Inpatient Consultation	1	3		
			99254	99254 Inpatient Consultation	1	3		
			99255	99255 Inpatient Consultation	1	3		
	Intensive/Critical Care	Critical Care	99291	99291 Critical Care, First Hour	1	3		
			99292	99292 Critical Care, Addl 30 Min	1	3		
		Emergency Department	99281	99281 Emergency Dept Visit	1	3		
		Services	99282	99282 Emergency Dept Visit	1	3		
			99283	99283 Emergency Dept Visit	1	3		
			99284	99284 Emergency Dept Visit	1	3		
			99285	99285 Emergency Dept Visit	1	3		
		Neonatal/Pediatric	99468	99468 Neonate Crit Care, Initial	1	3		
			99469	99469 Neonate Crit Care, Subsq	1	3		
			99471	99471 Ped Critical Care, Initial	1	3		
			99472	99472 Ped Critical Care, Subsq	1	3		
			99475	99475 Ped Crit Care Age 2-5, Init	1	3		
			99476	99476 Ped Crit Care Age 2-5, Subsq	1	3		
			99477	99477 Init Day Hosp Neonate Care	1	3		
			99478	99478 lc, Lbw Inf < 1500 Gm Subsq	1	3		
			99479	99479 Ic Lbw Inf 1500-2500 G Subsq	1	3		
			99480	99480 Ic Inf Pbw 2501-5000 G Subsq	1	3		
	Observation Care		99217	99217 Observation Care Discharge	1	3		
			99218	99218 Observation Care	1	3		
			99219	99219 Observation Care	1	3		
Í			99220	99220 Observation Care	1	3		
			99234	99234 Observ/Hosp Same Date	1	3		
			99235	99235 Observ/Hosp Same Date	1	3		
			99236	99236 Observ/Hosp Same Date	1	3		
	Subsequent Hospital Car	re	99231	99231 Subsequent Hospital Care	1	3		
			99232	99232 Subsequent Hospital Care	1	3		
			99233	99233 Subsequent Hospital Care	1	3		
Immune Globulir	าร		90378	90378 RSV, Mab, Im, 50mg	1	3		
			90384	90384 Rh Ig, Full-Dose, Im	1	3		
Immunizations	Administration		90465	90465 Immune Admin 1 Inj, < 8 Yrs	1	3		
and Injections			90465	90466 Immune Admin Addl Inj, < 8 Y	1	3		
			90467	90467 Immune Admin O or N, < 8 Yrs	1	3		
			90468	90468 Immune Admin O/N, Addl < 8 Y	1	3		
			90471	90471 Immunization Admin	1	3		
			90471	90472 Immunization Admin, Each Add	1	3		

Samina Graun	Comitee Sub Conunt	Comice Cub Cursum?	Procedure		Type of Service	Pricing Action	Ma da	Mada
Service Group	Service Sub-Group1	Service Sub-Group2	<b>Code</b> 90473	Procedure w Code 90473 Immune Admin Oral/Nasal	Code 1	Code 3	WOUT	Mod2
			90473		1	3		
Methadone Trea	tment			90474 Immune Admin Oral/Nasal Addl				
Neurology and	Routine Electoencephalogr	anhy (EEC)	H0020	H0020 Alcohol &/or Drug Services	1	3		
Neuromuscular	Routine Electoencephalogi	арпу (ССО)	95816	95816 EEG, Awake & Drowsy	1	3		
Procedures			95819	95819 EEG, Awake & Asleep	1	3		
			95816	95816 EEG, Awake & Drowsy	1	3	26	
	Sleep Testing		95819	95819 EEG, Awake & Asleep	1	3	26	
	Sicep resting		95810	95810 Polysomnography, 4 or More	1	3		
			95811	95811 Polysomnography w CPAP	1	3		
			95808	95808 Polysomnography, 1-3	5	3	26	
			95810	95810 Polysomnography, 4 or More	1	3	26	
			95811	95811 Polysomnography w CPAP	1	3	26	
Newborn Care Services	Circumcision		54150	54150 Circumcision w Regionl Block	2	3		
			54160	54160 Circumcision, Neonate	2	3		
			54161	54161 Circum 28 Days or Older	2	3		
	Delivery/Birthing Room Atte Services	endance and Resusitation	99464	99464 Attendance at Delivery	1	3		
	Discharge Services		99463	99463 Same Day NB Discharge	1	3		
	Normal Newborn		99460	99460 Init NB Em Per Day, Hosp	1	3		
			99462	99462 Sbsq NB Em Per Day, Hosp	1	3		
	Postnatal Home Visit				9			
Noninvasive Vas	L scular Diagnostic Studies		99502	99502 Home Visit, NB Care		3		
	<del>g</del>		93970	93970 Extremity Study	1	3		
			93971	93971 Extremity Study	1	3	2/	
			93970	93970 Extremity Study	1	3	26	
Nursing Facility	Initial		93971	93971 Extremity Study	1	3	26	
Services	initial		99304	99304 Nursing Facility Care, Init	1	3		
			99305	99305 Nursing Facility Care, Init	1	3		
	Subsequent		99306	99306 Nursing Facility Care, Init	1	3		
	Subsequent		99307	99307 Nursing Fac Care, Subseq	1	3		
			99308	99308 Nursing Fac Care, Subseq	1	3		
			99309	99309 Nursing Fac Care, Subseq	1	3		
Obstetrics	Antepartum Care,	Cesarean Delivery	99310	99310 Nursing Fac Care, Subseq	1	3		
Obstetrics	Delivery, Postpartum Care	Cesalean Delivery	59510	59510 Cesarean Delivery	2	3		
			59514	59514 Cesarean Delivery Only	2	3		
		Delivery After Previous	59515	59515 Cesarean Delivery	2	3		
		Cesarean Delivery	59610	59610 VBAC Delivery	2	3		
			59612	59612 VBAC Delivery Only	2	3	-	
			59614	59614 VBAC Care After Delivery	2	3	-	
			59618	59618 Attempted VBAC Delivery	2	3		
			59620	59620 Attempted VBAC Delivery Only	2	3	-	
		Curried Appleton -	59622	59622 Attempted VBAC After Care	2	3		
		Surgical Assistance	59510	59510 Cesarean Delivery	8	3		
			59514	59514 Cesarean Delivery Only	8	3		

Service Group	Service Sub-Group1	Service Sub-Group2	Procedure Code	Procedure w Code	Type of Service Code	Pricing Action Code	Mod1	Mod2
corrido croup		00.1100 040 0.10492	59515	59515 Cesarean Delivery	8	3	our	ouz
			59620	59620 Attempted VBAC Delivery Only	8	3		
		Vaginal Delivery	59400	59400 Obstetrical Care	2	3		
			59409	59409 Obstetrical Care	2	3		
			59410	59410 Obstetrical Care	2	3		
			59412	59412 Antepartum Manipulation	2	3		
			59414	59414 Deliver Placenta	2	3		
			59425	59425 Antepartum Care Only	2	3		
			59426	59426 Antepartum Care Only	2	3		
			59430	59430 Care After Delivery	2	3		
	Fetal Non-Stress Test		59025	59025 Fetal Non-Stress Test	1	3	TC	
			59025	59025 Fetal Non-Stress Test	1	3	26	
			59025	59025 Fetal Non-Stress Test	1	3		
Optometric/	Eye Exams		92002	92002 Eye Exam, New Patient	1	3		
Opthalmology			92004	92004 Eye Exam, New Patient	1	3		
			92012	92012 Eye Exam Established Pat	1	3		
			92014	92014 Eye Exam & Treatment	1	3		
	Fitting of Spectacles		92340	92340 Fitting of Spectacles	9	3		
			92341	92341 Fitting of Spectacles	1	3		
			92342	92342 Fitting of Spectacles	1	3		
	Other Services and Proc	edures	99173	99173 Visual Acuity Screen	1	3		
	Refraction		92015	92015 Refraction	1	3		
	Special Eye Evaluation		92060	92060 Special Eye Evaluation	1	3		
	Visual Field Examination	1	92081	92081 Visual Field Examination(s)	1	3		
			92082	92082 Visual Field Examination(s)	1	3		
			92083	92083 Visual Field Examination(s)	1	3		
Personal Care	ļ							
Prenatal/Post Pa	rtum Home Visit Program	<u> </u>	T1019	T1019 Personal Care Ser Per 15 Min	9	3		
	Established Patient		T1027	T1027 Family Training & Counseling	9	3	TH	
Primary Care Preventive	Established Patient			99391 Per Pm Reeval, Est Pat, Inf	1	3		
Evaluation and Management			99392	99392 Prev Visit, Est, Age 1-4	1	3		
iviariagement			99393	99393 Prev Visit, Est, Age 5-11	1	3		
			99394	99394 Prev Visit, Est, Age 12-17	1	3		
			99395	99395 Prev Visit, Est, Age 18-39	1	3		
			99396	99396 Prev Visit, Est, Age 40-64	1	3		
	New Patient		99397	99397 Per Pm Reeval Est Pat 65+ Yr	1	3		
	new ratient		99381	99381 Init Pm E/M, New Pat, Inf	1	3		
			99382	99382 Init Pm E/M, New Pat 1-4 Yrs	1	3		
			99383	99383 Prev Visit, New, Age 5-11	1	3		
			99384	99384 Prev Visit, New, Age 12-17	1	3		
			99385	99385 Prev Visit, New, Age 18-39	1	3		
			99386	99386 Prev Visit, New, Age 40-64	1	3		
Private Duty Nurs	sina			99387 Init Pm E/M, New Pat 65+ Yrs	1	3		
i rivate Duty Nui:	siriy		S9123	S9123 Nursing Care in Home Rn	9	3		

Service Group	Service Sub-Group1	Service Sub-Group2	Procedure Code	Procedure w Code	Type of Service Code	Pricing Action Code	Mod1	Mod2
Psychiatry/	Central Nervous System A		96101	96101 Psycho Testing by Psych/Phys	1	3	IVIOUT	WOUZ
Psychology			96118	96118 Neuropsych Tst by Psych/Phys	1	3		
	Office Visit		90804	90804 Psytx, Office, 20-30 Min	1	3		
			90804	90804 Psytx, Office, 20-30 Min	9	3		
			90805	90805 Psytx, Off, 20-30 Min w E&M	1	3		
			90805	90805 Psytx, Off, 20-30 Min w E&M	9	3		
			90806	90806 Psytx, Off, 45-50 Min	9	3		
			90806	90806 Psytx, Off, 45-50 Min	1	3		
			90807	90807 Psytx, Off, 45-50 Min w E&M	1	3		
			90807	90807 Psytx, Off, 45-50 Min w E&M	9	3		
			90808	90808 Psytx, Office, 75-80 Min	9	3		
			90808	90808 Psytx, Office, 75-80 Min	1	3		
	Psy Dx Interview		90801	90801 Psy Dx Interview	9	3		
			90801	90801 Psy Dx Interview	1	3		
	Psychiatry - Medication Ma	anagement	90862	90862 Medication Management	1	3		
	Psychotherapy, Family & C	Group	90846	90846 Family Psytx wo Patient	1	3		
			90847	90847 Family Psytx w Patient	9	3		
			90847	90847 Family Psytx w Patient	1	3		
			90853	90853 Group Psychotherapy	9	3		
			90853	90853 Group Psychotherapy	1	3		
Specialty Care	Office or Other Outpatient	Consultations	99242	99242 Office Consultation	1	3		
Evaluation and Management			99243	99243 Office Consultation	1	3		
ivianagement			99244	99244 Office Consultation	1	3		
			99245	99245 Office Consultation	1	3		
			99241	99241 Office Consultation	1	3		
	Primary Care Treatment	Established Patient	99211	99211 Office/Outpatient Visit, Est	1	3		
			99211	99211 Office/Outpatient Visit, Est	1	3	TH	
			99212	99212 Office/Outpatient Visit, Est	1	3		
				99213 Office/Outpatient Visit, Est	1	3		
			99213	99213 Office/Outpatient Visit, Est	1	3	HE	
			99213	99213 Office/Outpatient Visit, Est	1	3	HW	U5
			99214	99214 Office/Outpatient Visit, Est	1	3		
			99215	99215 Office/Outpatient Visit, Est	1	3		
		New Patient	99201	99201 Office/Outpatient Visit, New	1	3		
			99201	99201 Office/Outpatient Visit, New	1	3	TH	
			99202	99202 Office/Outpatient Visit, New	1	3		
			99203	99203 Office/Outpatient Visit, New	1	3		
			99204	99204 Office/Outpatient Visit, New	1	3		
			99204	99204 Office/Outpatient Visit, New	1	3	HE	
			99205	99205 Office/Outpatient Visit, New	1	3		
			99205	99205 Office/Outpatient Visit, New	1	3	HE	
Surgery	Appendix		44970	44970 Laparoscopy, Appendectomy	2	3		
	Biliary Tract		47562	47562 Laparoscopic Cholecystectomy	2	3		

Service Group	Service Sub-Group1	Service Sub-Group2	Procedure Code	Procedure w Code	Type of Service Code	Pricing Action Code	Mod1	Mod2
			47563	47563 Laparo Cholecystectomy/Graph	2	3		
	Breast	Excision	19100	19100 Bx Breast Percut wo Image	2	3		
			19101	19101 Biopsy of Breast, Open	2	3		
			19102	19102 Bx Breast Percut w Image	2	3		
			19103	19103 Bx Breast Percut w Device	2	3		
			19120	19120 Removal of Breast Lesion	2	3		
			19125	19125 Excision, Breast Lesion	2	3		
			19260	19260 Removal of Chest Wall Lesion	2	3		
		Mastectomy Procedures	19301	19301 Partical Mastectomy	2	3		
			19302	19302 P-Mastectomy w Ln Removal	2	3		
			19303	19303 Mast, Simple, Complete	2	3		
			19304	19304 Mast, Subq	2	3		
			19307	19307 Mast, Mod Rad	2	3		
		Repair and/or Reconstruction	19316	19316 Suspension of Breast	2	3		
			19318	19318 Reduction of Large Breast	2	3		
			19350	19350 Breast Reconstruction	2	3		
			19357	19357 Breast Reconstruction	2	3		
			19371	19371 Removal of Breast Capsule	2	3		
	Colonoscopy		45378	45378 Diagnostic Colonoscopy	2	3		
			45380	45380 Colonoscopy & Biopsy	2	3		
			45381	45381 Colonoscopy, Submucous Inj	1	3		
			45382	45382 Colonoscopy/Control Bleeding	2	3		
			45383	45383 Lesion Removal Colonoscopy	2	3		
			45384	45384 Lesion Remove Colonoscopy	2	3		
			45385	45385 Lesion Removal Colonoscopy	2	3		
			45386	45386 Colonoscopy Dilate Stricture	1	3		
			45387	45387 Colonoscopy w Stent	2	3		
	Destruction, Benign or P	remalignant Lesions	17003	17003 Destruct Premalg Les, 2-14	2	3		
			17004	17004 Destroy Premlg Lesions 15+	2	3		
			17106	17106 Destruction of Skin Lesions	2	3		
			17107	17107 Destruction of Skin Lesions	2	3		
			17108	17108 Destruction of Skin Lesions	2	3		
			17110	17110 Destruct B9 Lesion, 1-14	2	3		
			17111	17111 Destruct Lesion, 15 or More	2	3		
	Drain/Inject, Joint/Bursa		20600	20600 Drain/Inject, Joint/Bursa	2	3		
			20605	20605 Drain/Inject, Joint/Bursa	2	3		
			20610	20610 Drain/Inject, Joint/Bursa	2	3		
	Ear Nose Throat	Ear	69433	69433 Create Eardrum Opening	2	3		
			69436	69436 Create Eardrum Opening	2	3		
			69620	69620 Repair of Eardrum	2	3		
			69631	69631 Repair Eardrum Structures	2	3		
			69632	69632 Rebuild Eardrum Structures	2	3		
			69633	69633 Rebuild Eardrum Structures	2	3		
			69635	69635 Repair Eardrum Structures	2	3		

Service Group	Service Sub-Group1	Service Sub-Group2	Procedure Code	Procedure w Code	Type of Service Code	Pricing Action Code	Mod1	Mod2
corrido croup	ocivios das didap.	00.1.00 000 0.0002	69637	69637 Rebuild Eardrum Structures	2	3	mou :	moul
		Special Otorhinolaryngologic	92551	92551 Pure Tone Hearing Test, Air	1	3		
		Services	92552	92552 Pure Tone Audiometry, Air	1	3		
			92553	92553 Audiometry, Air & Bone	1	3		
			92557	92557 Comprehensive Hearing Test	1	3		
			92567	92567 Tympanometry	1	3		
			92587	92587 Evoked Auditory Test	1	3		
			92588	92588 Evoked Auditory Test	1	3		
		Tonsils & Adenoids	42820	42820 Remove Tonsils & Adenoids	2	3		
			42821	42821 Remove Tonsils & Adenoids	2	3		
			42825	42825 Removal of Tonsils	2	3		
			42826	42826 Removal of Tonsils	2	3		
			42830	42830 Removal of Adenoids	2	3		
			42831	42831 Removal of Adenoids	2	3		
			42835	42835 Removal of Adenoids	2	3		
	Endoscopy	Cholangiopancreatograph	43260	43260 Endo Cholangiopancreatograph	2	3		
			43261	43261 Endo Cholangiopancreatograph	2	3		
			43262	43262 Endo Cholangiopancreatograph	2	3		
			43263	43263 Endo Cholangiopancreatograph	2	3		
			43264	43264 Endo Cholangiopancreatograph	2	3		
			43267	43267 Endo Cholangiopancreatograph	2	5		
			43268	43268 Endo Cholangiopancreatograph	2	3		
			43269	43269 Endo Cholangiopancreatograph	2	3		
			43271	43271 Endo Cholangiopancreatograph	2	3		
			43235	43235 Uppr GI Endoscopy, Diagnosis	2	3		
			43236	43236 Uppr GI Scope w Submuc Inj	1	3		
			43237	43237 Endoscopic US Exam, Esoph	2	3		
			43238	43238 Uppr GI Endoscopy w US Fn Bx	2	3		
			43239	43239 Upper GI Endoscopy, Biopsy	2	3		
			43240	43240 Esoph Endoscope w Drain Cyst	2	3		
			43241	43241 Upper GI Endoscopy w Tube	2	3		
			43242	43242 Uppr GI Endoscopy w US Fn Bx	2	3		
			43243	43243 Upper GI Endoscopy & Inject	2	3		
			43244	43244 Upper GI Endoscopy/Ligation	2	3		
			43245	43245 Uppr GI Scope Dilate Strictr	2	3		
			43246	43246 Place Gastrostomy Tube	2	3		
			43247	43247 Operative Upper GI Endoscopy	2	3		
			43248	43248 Uppr GI Endoscopy/Guide Wire	2	3		
			43249	43249 Esoph Endoscopy, Dilation	2	3		
			43251	43251 Operative Upper GI Endoscopy	2	3		
			43255	43255 Operative Upper GI Endoscopy	2	3		
			43258	43258 Operative Upper GI Endoscopy	2	3		
	Eye and Ocular Adnexa	Extraocular Muscles	43259	43259 Endoscopic Ultrasound Exam	2	3		
	Lye and Oculai Adilexa	LVII ancriiai Iningries	66982	66982 Cataract Surgery, Complex	2	3		

Service Group	Service Sub-Group1	Service Sub-Group2	Procedure Code	Procedure w Code	Type of Service Code	Pricing Action Code	Mod1	Mod2
			66984	66984 Cataract Surg w IOL, 1 Stage	2	3		
			66985	66985 Insert Lens Prosthesis	2	3		
			67311	67311 Revise Eye Muscle	2	3		
			67312	67312 Revise Two Eye Muscles	2	3		
			67314	67314 Revise Eye Muscle	2	3		
			67316	67316 Revise Two Eye Muscles	2	3		
	Foramen Epidural		64480	64480 Inj Foramen Epidural Add-On	2	3		
			64483	64483 Inj Foramen Epidural L/S	2	3		
	Gynecology		57452	57452 Exam of Cervix w Scope	2	3		
			57454	57454 Bx/Curett of Cervix w Scope	2	3		
			57455	57455 Biopsy of Cervix w Scope	2	3		
			57456	57456 Endocerv Curettage w Scope	2	3		
			57460	57460 Bx of Cervix w Scope, Leep	2	3		
			57461	57461 Conz of Cervix w Scope, Leep	2	3		
			58150	58150 Total Hysterectomy	2	3		
			58260	58260 Vaginal Hysterectomy	2	3		
			58660	58660 Laparoscopy, Lysis	2	3		
			58661	58661 Laparoscopy, Remove Adnexa	2	3		
			58662	58662 Laparoscopy, Excise Lesions	2	3		
	Joint	Hip	27096	27096 Inject Sacroiliac Joint	2	3		
			27130	27130 Total Hip Arthroplasty	2	3		
			27132	27132 Total Hip Arthroplasty	2	3		
		Knee	27446	27446 Revision of Knee Joint	2	3		
			27447	27447 Total Knee Arthroplasty	2	3		
			29871	29871 Knee Arthroscopy/Drainage	2	3		
			29873	29873 Knee Arthroscopy/Surgery	2	3		
			29874	29874 Knee Arthroscopy/Surgery	2	3		
			29875	29875 Knee Arthroscopy/Surgery	2	3		
			29876	29876 Knee Arthroscopy/Surgery	2	3		
			29877	29877 Knee Arthroscopy/Surgery	2	3		
			29879	29879 Knee Arthroscopy/Surgery	2	3		
			29880	29880 Knee Arthroscopy/Surgery	2	3		
			29881	29881 Knee Arthroscopy/Surgery	2	3		
			29882	29882 Knee Arthroscopy/Surgery	2	3		
			29883	29883 Knee Arthroscopy/Surgery	2	3		
			29884	29884 Knee Arthroscopy/Surgery	2	3		
			29888	29888 Knee Arthroscopy/Surgery	2	3		<u> </u>
		Shoulder	29806	29806 Shoulder Arthroscopy/Surgery	2	3		
			29807	29807 Shoulder Arthroscopy/Surgery	2	3		
			29819	29819 Shoulder Arthroscopy/Surgery	2	3		
			29821	29821 Shoulder Arthroscopy/Surgery	2	3		
			29822	29822 Shoulder Arthroscopy/Surgery	2	3		<u> </u>
			29823	29823 Shoulder Arthroscopy/Surgery	2	3		
			29824	29824 Shoulder Arthroscopy/Surgery	2	3		

Service Group	Service Sub-Group1	Service Sub-Group2	Procedure Code	Procedure w Code	Type of Service Code	Pricing Action Code	Mod1	Mod2
			29825	29825 Shoulder Arthroscopy/Surgery	2	3		
			29826	29826 Shoulder Arthroscopy/Surgery	2	3		
	Nails		11720	11720 Debride Nail, 1-5	2	3		
			11721	11721 Debride Nail, 6 or More	2	3		
			11730	11730 Removal of Nail Plate	2	3		
			11750	11750 Removal of Nail Bed	2	3		
	Spine and Spinal Cord		22554	22554 Neck Spine Fusion	2	3		
			22558	22558 Lumbar Spine Fusion	2	3		
			22600	22600 Neck Spine Fusion	2	3		
			22612	22612 Lumbar Spine Fusion	2	3		
			22630	22630 Lumbar Spine Fusion	2	3		
			22802	22802 Fusion of Spine	2	3		
			22804	22804 Fusion of Spine	2	3		
			22810	22810 Fusion of Spine	2	3		
			22840	22840 Insert Spine Fixation Device	2	3		
			22842	22842 Insert Spine Fixation Device	2	3		
			22843	22843 Insert Spine Fixation Device	2	3		
			22844	22844 Insert Spine Fixation Device	2	3		
			22845	22845 Insert Spine Fixation Device	2	3		
			22846	22846 Insert Spine Fixation Device	2	3		
			22851	22851 Apply Spine Prosth Device	2	3		
			62290	62290 Inject for Spine Disk X-Ray	2	3		
			62311	62311 Inject Spine L/S (Cd)	2	3		
			63020	63020 Neck Spine Disk Surgery	2	3		
			63030	63030 Low Back Disk Surgery	2	3		
			63035	63035 Spinal Disk Surgery Add-On	2	3		
			63075	63075 Neck Spine Disk Surgery	2	3		
			63076	63076 Neck Spine Disk Surgery	2	3		

# **Inpatient Hospital Services**

Service Group	DRG and Description
Inpatient Hospital	003 ECMO or trach w MV 96+ hrs or PDX exc face, mouth & neck w maj O.R.
	004 Trach w MV 96+ hrs or PDX exc face, mouth & neck w/o maj O.R.
	025 Craniotomy & endovascular intracranial procedures w MCC
	194 Simple pneumonia & pleurisy w CC
	207 Respiratory system diagnosis w ventilator support 96+ hours
	237 Major cardiovasc procedures w MCC or thoracic aortic anuerysm repair
	392 Esophagitis, gastroent & misc digest disorders w/o MCC
	460 Spinal fusion except cervical w/o MCC
	470 Major joint replacement or reattachment of lower extremity w/o MCC
	603 Cellulitis w/o MCC
	765 Cesarean section w CC/MCC
	766 Cesarean section w/o CC/MCC
	767 Vaginal delivery w sterilization &/or D&C
	768 Vaginal delivery w O.R. proc except steril &/or D&C
	774 Vaginal delivery w complicating diagnoses
	775 Vaginal delivery w/o complicating diagnoses
	789 Neonates, died or transferred to another acute care facility
	790 Extreme immaturity or respiratory distress syndrome, neonate
	791 Prematurity w major problems
	792 Prematurity w/o major problems
	793 Full term neonate w major problems
	794 Neonate w other significant problems
	795 Normal newborn
	847 Chemotherapy w/o acute leukemia as secondary diagnosis w CC
	871 Septicemia w/o MV 96+ hours w MCC
	885 Psychoses
	945 Rehabilitation w CC/MCC

# **Outpatient Hospital Services**

Service Group	Code and Description	
Anti-Nausea Drugs	J1260 Dolasetron Mesylate	
	J1453 Fosaprepitant Injection	
	J1626 Granisetron HCI Injection	
	J2405 Ondansetron HCI Injection	
	J2469 Palonosetron HCI	
	J2765 Metoclopramide HCI Injection	
	J8498 Antiemetic Rectal/Supp NOS	
	J8501 Oral Aprepitant	
	J8597 Antiemetic Drug Oral NOS	
	Q0169 Promethazine HCl 12.5mg Oral	
	Q0170 Promethazine HCl 25 Mg Oral	
	Q0179 Ondansetron HCl 8 Mg Oral	
Appendectomy	44950 Appendectomy	
	44970 Laparoscopy, Appendectomy	
Autoimmune Disorder Drugs	J0129 Abatacept Injection	
	J1030 Methylprednisolone 40 Mg Inj	
	J1040 Methylprednisolone 80 Mg Inj	
	J1100 Dexamethasone Sodium Phos	
	J1745 Infliximab Injection	
	J2323 Natalizumab Injection	
	J2920 Methylprednisolone Inject up to 40 mg	
	J2930 Methylprednisolone Inject up to 125 mg	
	J7506 Prednisone Oral	
	J7509 Methylprednisolone Oral	
	J7510 Prednisolone Oral Per 5 Mg	
Cancer Drugs	J0640 Leucovorin Calcium Injection	
	J0894 Decitabine Injection	
	J2505 Injection, Pegfilgrastim 6mg	
	J8700 Temozolomide	
	J9000 Doxorubicin HCl Injection	
	J9001 Doxorubicin HCl Liposome Inj	
	J9031 Bcg Live Intravesical Vac	
	J9035 Bevacizumab Injection	
	J9040 Bleomycin Sulfate Injection	
	J9045 Carboplatin Injection	
	J9050 Carmustine Injection	
	J9055 Cetuximab Injection	
	J9060 Cisplatin 10 Mg Injection	
	J9062 Cisplatin 50 Mg Injection	
	J9070 Cyclophosphamide 100 Mg Inj	
	J9091 Cyclophosphamide 1.0 Grm Inj	
	J9093 Cyclophosphamide Lyophilized 100 mg	
	J9095 Cyclophosphamide Lyophilized 500 mg	

Service Group	Code and Description
	J9096 Cyclophosphamide Lyophilized 1 gram
	J9100 Cytarabine HCl 100 Mg Inj
	J9120 Dactinomycin Injection
	J9130 Dacarbazine 100 Mg Inj
	J9140 Dacarbazine 200 Mg Inj
	J9150 Daunorubicin Injection
	J9160 Denileukin Diftitox Inj
	J9170 Docetaxel Injection
	J9178 Inj, Epirubicin HCl, 2 Mg
	J9181 Etoposide Injection
	J9185 Fludarabine Phosphate Inj
	J9190 Fluorouracil Injection
	J9201 Gemcitabine HCI Injection
	J9202 Goserelin Acetate Implant
	J9206 Irinotecan Injection
	J9208 Ifosfomide Injection
	J9209 Mesna Injection
	J9214 Interferon Alfa-2b Inj
	J9217 Leuprolide Acetate Suspnsion
	J9218 Leuprolide Acetate Injection
	J9230 Mechlorethamine HCI Inj
	J9250 Methotrexate Sodium Inj 5 mg
	J9260 Methotrexate Sodium Inj 50 mg
	J9263 Oxaliplatin
	J9265 Paclitaxel Injection
	J9266 Pegaspargase Injection
	J9280 Mitomycin 5 Mg Inj
	J9293 Mitoxantrone Hydrochl / 5 Mg
	J9305 Pemetrexed Injection
	J9350 Topotecan Injection
	J9355 Trastuzumab Injection
	J9360 Vinblastine Sulfate Inj
	J9370 Vincristine Sulfate 1 Mg Inj
	J9375 Vincristine Sulfate 2 Mg Inj
	J9390 Vinorelbine Tartrate Inj
	J9395 Injection, Fulvestrant
	J999 Chemotherapy Drug
Cancer/Autoimmune Disorder Drugs	J9310 Rituximab Injection
Cardiac Catheterization	93501 Right Heart Catheterization
	93505 Biopsy of Heart Lining
	93508 Cath Placement, Angiography
	93510 Left Heart Catheterization
	93526 Rt & Lt Heart Catheters
	93527 Rt & Lt Heart Catheters through intact septum
	93531 R & L Heart Cath, Congenital

Service Group	Code and Description
	93532 R & L Heart Cath through intact septum, Congenital
	93533 R & L Heart Cath through existing septal opening, Congenital
	93539 Injection, Cardiac Cath
	93540 Injection, Cardiac Cath for selective opacification of grafts
	93541 Injection for Lung Angiogram
	93542 Injection for Heart X-Rays right
	93543 Injection for Heart X-Rays left
	93544 Injection for Aortography
	93545 Inject for Coronary X-Rays
	93555 Imaging, Cardiac Cath
	93556 Imaging, Cardiac Cath
	93571 Heart Flow Reserve Measure
	93580 Transcath Closure of Asd
Cardiography	93000 Electrocardiogram, Complete
	93005 Electrocardiogram, Tracing
	93010 Electrocardiogram Report
	93012 Transmission of ECG
	93015 Cardiovascular Stress Test
	93016 Cardiovascular Stress Test, physician supervision only
	93017 Cardiovascular Stress Test, tracing only
	93018 Cardiovascular Stress Test, interpretation and report only
	93041 Rhythm ECG, Tracing
	93224 ECG Monitor/Report, 24 Hrs, complete with visual superimposition
	93225 ECG Monitor/Record, 24 Hrs, recording
	93226 ECG Monitor/Report, 24 Hrs, scanning analysis
	93227 ECG Monitor/Review, 24 Hrs, physician review/interpretation
	93230 ECG Monitor/Report, 24 Hrs, complete w/o visual superimposition
	93231 ECG Monitor/Record, 24 Hrs, recording
	93232 ECG Monitor/Report, 24 Hrs, scanning analysis
	93233 ECG Monitor/Review, 24 Hrs, physician review/interpretation
	93235 ECG Monitor/Report, 24 Hrs, complete with computer monitoring
	93236 ECG Monitor/Report, 24 Hrs, monitoring and real-time analysis
	93268 ECG Record/Review
	93270 ECG Recording
	93271 ECG/Monitoring & Analysis
	93272 ECG/Review, Interpret Only
Chemotherapy Administration	96401 Chemo, Anti-Neopl, Sq/lm
	96402 Chemo Hormon Antineopl Sq/lm
	96405 Chemo Intralesional, Up to 7
	96409 Chemo, IV Push, Sngl Drug
	96411 Chemo, IV Push, Addl Drug
	96413 Chemo, IV Infusion, 1 Hr
	96415 Chemo, IV Infusion, Addl Hr
	96416 Chemo Prolong Infuse w Pump
	96417 Chemo IV Infus Each Addl Seq

Service Group	Code and Description
	96450 Chemotherapy, Into CNS
	96521 Refill/Maint, Portable Pump
	96522 Refill/Maint Pump/Resvr Syst
	96523 Irrig Drug Delivery Device
	96549 Chemotherapy, Unspecified
Colonoscopy	45378 Diagnostic Colonoscopy
	45380 Colonoscopy & Biopsy
	45381 Colonoscopy, Submucous Inj
	45382 Colonoscopy/Control Bleeding
	45383 Lesion Removal Colonoscopy, ablation
	45384 Lesion Remove Colonoscopy, removal by forceps or cautery
	45385 Lesion Removal Colonoscopy, saare technique
Echocardiography	45386 Colonoscopy Dilate Stricture
251100al alograph)	93303 Echo Transthoracic
	93304 Echo Transthoracic, follow-up or limited study
	93306 Tte w Doppler, Complete
	93307 Tte wo Doppler, Complete
	93308 Tte, F-Up or Lmtd
	93312 Echo Transesophageal
	93313 Echo Transesophageal, placement of probe only
	93315 Echo Transesophageal, imaging, interpretation, and report only
	93320 Doppler Echo Exam, Heart
	93321 Doppler Echo Exam, Heart, follow-up or limited study
	93325 Doppler Color Flow Add-On
	93350 Stress Tte Only
	93351 Stress Tte Complete
Electroencephalography (EEG)	95812 EEG, 41-60 Minutes
	95813 EEG, Over 1 Hour
	95816 EEG, Awake & Drowsy
	95819 EEG, Awake & Asleep
	95822 EEG, Coma or Sleep Only
	95827 EEG, All Night Recording
	95950 Ambulatory EEG Monitoring
	95951 EEG Monitoring/Videorecord
	95953 EEG Monitoring/Computer
	95955 EEG During Surgery
	95957 EEG Digital Analysis
	95958 EEG Monitoring/Function Test
Emergency Dept Visit	99281 Emergency Dept Visit Level 1
	99282 Emergency Dept Visit Level 2
	99283 Emergency Dept Visit Level 3
	99284 Emergency Dept Visit Level 4
	99285 Emergency Dept Visit Level 5
Endoscopy	43200 Esophagus Endoscopy
	43202 Esophagus Endoscopy, 43202 Esophagus Endoscopy, Biopsy
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Service Group	Code and Description
	43215 Esophagus Endoscopy with removal of foreign body
	43216 Esophagus Endoscopy/Lesion removal
	43219 Esophagus Endoscopy w/ insertion of tube or stent
	43220 Esoph Endoscopy, Dilation
	43226 Esoph Endoscopy, Dilation with insertion of guide wire
	43234 Upper GI Endoscopy, Exam
	43235 Uppr GI Endoscopy, Diagnosis
	43236 Uppr GI Scope w Submuc Inj
	43237 Endoscopic US Exam, Esoph
	43239 Upper GI Endoscopy, Biopsy
	43240 Esoph Endoscope w Drain Cyst
	43242 Uppr GI Endoscopy w US Fn Bx
	43244 Upper GI Endoscopy/Ligation
	43245 Uppr GI Scope Dilate Strictr
	43246 Place Gastrostomy Tube
	43247 Operative Upper GI Endoscopy
	43248 Uppr GI Endoscopy/Guide Wire
	43249 Esoph Endoscopy, Dilation
	43250 Upper GI Endoscopy/Tumor
	43251 Operative Upper GI Endoscopy, snare technique
	43255 Operative Upper GI Endoscopy, with control of bleeding
	43256 Uppr GI Endoscopy w Stent
	43258 Operative Upper GI Endoscopy
	43259 Endoscopic Ultrasound Exam
	43260 Endo Cholangiopancreatograph
	43261 Endo Cholangiopancreatograph with biopsy
	43262 Endo Cholangiopancreatograph with sphincterotomy/papillotomy
	43264 Endo Cholangiopancreatograph with sprincerotomy/papinotomy
	43268 Endo Cholangiopancreatograph, w/ insertion of tube or stent
	43269 Endo Cholangiopancreatograph, with section of table of steril
	43271 Endo Cholangiopancreatograph, balloon dilation
	43272 Endo Cholangiopancreatograph, lesion ablation
Fetal Non-Stress Test	43273 Endoscopic Pancreatoscopy 59025 Fetal Non-Stress Test
Immunoglobulin Drugs	
	90375 Rabies Ig. Hest Treeted
	90376 Rabies Ig, Heat Treated
	90378 RSV, Mab, Im, 50mg
	90384 Rh Ig, Full-Dose, Im
	J1459 Inj IVIG Privigen 500 Mg
	J1561 Gamunex Injection
	J1566 Immune Globulin, Powder
	J1569 Gammagard Liquid Injection
	J1670 Tetanus Immune Globulin Inj
	J2788 Rho D Immune Globulin 50 Mcg
	J2790 Rho D Immune Globulin Inj

Service Group	Code and Description
•	J2792 Rho(D) Immune Globulin H, Sd
Injections & Infusions	96360 Hydration IV Infusion, Init
	96361 Hydrate IV Infusion, Add-On
	96365 Ther/Proph/Diag IV Inf, Init
	96366 Ther/Proph/Diag IV Inf Addon
	96367 Tx/Proph/Dg Addl Seq IV Inf
	96368 Ther/Diag Concurrent Inf
	96372 Ther/Proph/Diag Inj, Sc/Im
	96373 Ther/Proph/Diag Inj, Ia
	96374 Ther/Proph/Diag Inj, IV Push
	96375 Tx/Pro/Dx Inj New Drug Addon
	96376 Tx/Pro/Dx Inj New Drug Adon
	96379 Ther/Prop/Diag Inj/Inf Proc
Laparoscopic Cholecystectomy	47562 Laparoscopic Cholecystectomy
	47563 Laparo Cholecystectomy/Graph
Observation Care	99217 Observation Care Discharge
	99218 Initial Observation Care Level 1
	99219 Initial Observation Care Level 2
	99220 Initial Observation Care Level 3
	99234 Observ/Hosp Same Date Level 1
	99235 Observ/Hosp Same Date Level 2
	99236 Observ/Hosp Same Date Level 3
	G0378 Hospital Observation Per Hr
Ovarian Laparoscopy	58660 Laparoscopy, Lysis
	58661 Laparoscopy, Remove Adnexa
	58662 Laparoscopy, Excise Lesions
	58670 Laparoscopy, Tubal Cautery
	58671 Laparoscopy, Tubal Block
Remove Tonsils & Adenoids	42820 Remove Tonsils & Adenoids, age<12
	42821 Remove Tonsils & Adenoids, age 12+
Replace G-J Tube Perc	49452 Replace G-J Tube Perc
Sleep Testing	95805 Multiple Sleep Latency Test
	95807 Sleep Study, Attended
	95810 Polysomnography, 4 or More
	95811 Polysomnography w CPAP
Tympanostmy (create eardrum opening)	69433 Create Eardrum Opening, local or topical anesthesia
	69436 Create Eardrum Opening, general anesthesia
Vaccines & Immunization Administration	90465 Immune Admin 1 Inj. < 8 Yrs
	90466 Immune Admin Addl Inj. < 8 Y
	90467 Immune Admin O or N, < 8 Yrs
	90468 Immune Admin O/N, Addl < 8 Y
	90471 Immunization Admin
	90472 Immunization Admin, Each Add
	90473 Immune Admin Oral/Nasal

Service Group	Code and Description
•	90632 Hep A Vaccine, Adult Im
	90633 Hep A Vacc, Ped/Adol, 2 Dose
	90645 Hib Vaccine, Hboc, Im
	90649 HPV Vaccine 4 Valent, Im
	90655 Flu Vaccine No Preserv 6-35m
	90656 Flu Vaccine No Preserv 3 & >
	90657 Flu Vaccine, 3 Yrs, Im
	90658 Flu Vaccine, 3 Yrs & >, Im
	90669 Pneumococcal Vacc, 7 Val Im
	90675 Rabies Vaccine, Im
	90680 Rotovirus Vacc 3 Dose, Oral
	90698 Dtap-Hib-IP Vaccine, Im
	90700 Dtap Vaccine, < 7 Yrs, Im
	90701 Dtp Vaccine, Im
	90703 Tetanus Vaccine, Im
	90706 Rubella Vaccine, Sc
	90707 Mmr Vaccine, Sc
	90710 Mmrv Vaccine, Sc
	90713 Poliovirus, Ipv, Sc/Im
	90714 Td Vaccine No Prsrv >/= 7 Im
	90715 Tdap Vaccine >7 Im
	90716 Chicken Pox Vaccine, Sc
	90718 Td Vaccine > 7, Im
	90723 Dtap-Hep B-lpv Vaccine, Im
	90732 Pneumococcal Vaccine
	90733 Meningococcal Vaccine, Sc
	90736 Zoster Vacc, Sc
	90740 Hepb Vacc, III Pat 3 Dose Im
	90744 Hepb Vacc Ped/Adol 3 Dose Im
	90746 Hep B Vaccine, Adult, Im
Wound Repair/Closure	12001 Repair Superficial Wound(s) scalp, neck, extremities, <=2.5 cm
	12002 Repair Superficial Wound(s) scalp, neck, extremities, 2.6-7.5 cm
	12004 Repair Superficial Wound(s) scalp, neck, extremities, 7.6-12.5 cm
	12005 Repair Superficial Wound(s) scalp, neck, extremities, 12.6-20 cm
	12006 Repair Superficial Wound(s)scalp, neck, extremities, 20.1-30 cm
	12007 Repair Superficial Wound(s)scalp, neck, extremities, >30 cm
	12011 Repair Superficial Wound(s) face, ears, lids,nose, lips, <=2.5 cm
	12013 Repair Superficial Wound(s) face, ears, lids,nose, lips, 2.6-5 cm
	12014 Repair Superficial Wound(s) face, ears, lids,nose, lips, 5.1-7.5 cm
	12015 Repair Superficial Wound(s) face, ears, lids,nose, lips, 7.6-12.5 cm
	12016 Repair Superficial Wound(s) face, ears, lids,nose, lips, 12.6-20 cm
	12017 Repair Superficial Wound(s) face, ears, lids,nose, lips, 20.1-30 cm
	12020 Closure of Split Wound
	12031 Intmd Wnd Repair S/Tr/Ext scalp, axillae, trunk, <=2.5 cm
	12032 Intmd Wnd Repair S/Tr/Ext scalp, axillae, trunk, 2.6-7.5 cm

Service Group	Code and Description
	12034 Intmd Wnd Repair S/Tr/Ext scalp, axillae, trunk, 7.6-12.5 cm
	12035 Intmd Wnd Repair S/Tr/Ext scalp, axillae, trunk, 12.6-20 cm
	12036 Intmd Wnd Repair S/Tr/Ext scalp, axillae, trunk, 20.1-30 cm
	12041 Intmd Wnd Repair N-Hf/Genit, <=2.5 cm
	12042 Intmd Wnd Repair N-Hg/Genit, 2.6-7.5 cm
	12051 Intmd Wnd Repair Face/Mm, <=2.5 cm
	12052 Intmd Wnd Repair Face/Mm, 2.6-7.5 cm
	12053 Intmd Wnd Repair Face/Mm, 7.6-12.5 cm
	12054 Intmd Wnd Repair, Face/Mm, 12.6-20 cm
	12055 Intmd Wnd Repair Face/Mm, 20.1-30 cm
	13101 Repair of Wound or Lesion trunk, 2.6-7.5 cm
	13121 Repair of Wound or Lesion scalp, arms, legs, , 2.6-7.5 cm
	13122 Repair Wound/Lesion Add-On each addition 5 cm or less
	13131 Repair of Wound or Lesion forehead, cheeks, chin 1.1-2.5 cm
	13132 Repair of Wound or Lesion forehead, cheeks, chin 2.6-7.5 cm
	13151 Repair of Wound or Lesion lids, nose, ears, lips, 1.1-2.5 cm
	13152 Repair of Wound or Lesion lids, nose, ears, lips, 2.6-7.5 cm
	13153 Repair Wound/Lesion Add-On each additional 5 cm or less
	13160 Late Closure of Wound

# Imaging and Therapeutic Radiology Services

Service Group	Service Sub-Group	Procedure w Code	Type of Service Code	Pricing Action Code	Mod1
Complex Imaging (CT, MRI)	CT Scan	70450 CT Head/Brain wo Dye	4	3	
		70450 CT Head/Brain wo Dye	4	3	26
		70486 CT Maxillofacial wo Dye	4	3	
		70486 CT Maxillofacial wo Dye	4	3	26
		71260 CT Thorax w Dye	4	3	
		71260 CT Thorax w Dye	4	3	26
		71275 CT Angiography, Chest	4	3	
		71275 CT Angiography, Chest	4	3	26
		72125 CT Neck Spine wo Dye	4	3	
		72125 CT Neck Spine wo Dye	4	3	26
		72192 CT Pelvis wo Dye	4	3	
		72192 CT Pelvis wo Dye	4	3	26
		72193 CT Pelvis w Dye	4	3	
		72193 CT Pelvis w Dye	4	3	26
		74150 CT Abdomen wo Dye	4	3	
		74150 CT Abdomen wo Dye	4	3	26
		74160 CT Abdomen w Dye	4	3	
		74160 CT Abdomen w Dye	4	3	26
	MRI	70551 MRI Brain wo Dye	4	3	
		70551 MRI Brain wo Dye	4	3	26
		70551 MRI Brain wo Dye	4	3	TC
		70553 MRI Brain wo&w Dye	4	3	
		70553 MRI Brain wo&w Dye	4	3	26
		70553 MRI Brain wo&w Dye	4	3	TC
		72141 MRI Neck Spine wo Dye	4	3	
		72141 MRI Neck Spine wo Dye	4	3	26
		72141 MRI Neck Spine wo Dye	4	3	TC
		72148 MRI Lumbar Spine wo Dye	4	3	
		72148 MRI Lumbar Spine wo Dye	4	3	26
		72148 MRI Lumbar Spine wo Dye	4	3	TC
		73721 MRI Jnt of Lwr Extre wo Dye	4	3	
		73721 MRI Jnt of Lwr Extre wo Dye	4	3	26
		73721 MRI Jnt of Lwr Extre wo Dye	4	3	TC
Mammogram	Mammogram	G0202 Screeningmammographydigital	4	3	
		G0202 Screeningmammographydigital	4	3	26
		G0202 Screeningmammographydigital	4	3	TC
		G0204 Diagnosticmammographydigital	4	3	
		G0204 Diagnosticmammographydigital	4	3	26
		G0204 Diagnosticmammographydigital	4	3	TC
		G0206 Diagnosticmammographydigital	4	3	
		G0206 Diagnosticmammographydigital	4	3	26
		G0206 Diagnosticmammographydigital	4	3	TC

Service Group	Service Sub-Group	Procedure w Code	Type of Service Code	Pricing Action Code	Mod1
Simple Imaging (X-Ray)	X-Ray	71010 Chest X-Ray	4	3	Modif
		71010 Chest X-Ray	4	3	26
		71010 Chest X-Ray	4	3	TC
		71020 Chest X-Ray	4	3	
		71020 Chest X-Ray	4	3	26
		71020 Chest X-Ray	4	3	TC
		73610 X-Ray Exam of Ankle	1	3	
		73610 X-Ray Exam of Ankle	4	3	
		73610 X-Ray Exam of Ankle	1	3	26
		73610 X-Ray Exam of Ankle	1	3	TC
		73610 X-Ray Exam of Ankle	4	3	TC
Ultrasound	Obstetric Ultrasound	76801 Ob US < 14 Wks, Single Fetus	4	3	
		76801 Ob US < 14 Wks, Single Fetus	4	3	26
		76801 Ob US < 14 Wks, Single Fetus	4	3	TC
		76802 Ob US < 14 Wks, Addl Fetus	4	3	
		76802 Ob US < 14 Wks, Addl Fetus	4	3	26
		76805 Ob US >/= 14 Wks, Sngl Fetus	4	3	
		76805 Ob US >/= 14 Wks, Sngl Fetus	4	3	26
		76805 Ob US >/= 14 Wks, Sngl Fetus	4	3	TC
		76810 Ob US >/= 14 Wks, Addl Fetus	4	3	
		76810 Ob US >/= 14 Wks, Addl Fetus	4	3	26
		76811 Ob US, Detailed, Sngl Fetus	4	3	
		76811 Ob US, Detailed, Sngl Fetus	4	3	26
		76811 Ob US, Detailed, Sngl Fetus	4	3	TC
		76812 Ob US, Detailed, Addl Fetus	4	3	
		76812 Ob US, Detailed, Addl Fetus	4	3	26
		76813 Ob US Nuchal Meas, 1 Gest	4	3	
		76813 Ob US Nuchal Meas, 1 Gest	4	3	26
		76814 Ob US Nuchal Meas, Add-On	4	3	
		76814 Ob US Nuchal Meas, Add-On	4	3	26
		76815 Ob US, Limited, Fetus(s)	4	3	
		76815 Ob US, Limited, Fetus(s)	4	3	26
		76816 Ob US, Follow-Up, Per Fetus	4	3	
		76816 Ob US, Follow-Up, Per Fetus	4	3	26
		76817 Transvaginal US, Obstetric	4	3	
		76817 Transvaginal US, Obstetric	4	3	26
		76817 Transvaginal US, Obstetric	4	3	TC
		76819 Fetal Biophys Profil wo Nst	4	3	
		76819 Fetal Biophys Profil wo Nst	4	3	26
		76819 Fetal Biophys Profil wo Nst	4	3	TC
	Ultrasound	76700 US Exam, Abdom, Complete	4	3	
		76700 US Exam, Abdom, Complete	4	3	26
		76705 Echo Exam of Abdomen	4	3	
		76705 Echo Exam of Abdomen	4	3	26

Service Group	Service Sub-Group	Procedure w Code	Type of Service Code	Pricing Action Code	Mod1
		76770 US Exam Abdo Back Wall, Comp	4	3	
		76770 US Exam Abdo Back Wall, Comp	4	3	26
		76770 US Exam Abdo Back Wall, Comp	4	3	TC
		76830 Transvaginal US, Non-Ob	4	3	
		76830 Transvaginal US, Non-Ob	4	3	26
		76830 Transvaginal US, Non-Ob	4	3	TC
		76856 US Exam, Pelvic, Complete	4	3	
		76856 US Exam, Pelvic, Complete	4	3	26
		76856 US Exam, Pelvic, Complete	4	3	TC
Therapeutic radiology	Radiation Treatment Aid(s)	77334 Radiation Treatment Aid(s)	6	3	
		77334 Radiation Treatment Aid(s)	6	3	26
		77334 Radiation Treatment Aid(s)	6	3	TC
	Radiation Treatment Management	77427 Radiation Tx Management, X5	6	3	

# **Lab and Pathology Services**

		Type of	Pricing	
Service Group	Procedure w Code	Service Code	Action Code	Mod1
Chemistry	82055 Assay of Ethanol	5	3	
	83655 Assay of Lead	5	3	
	83890 Molecule Isolate	5	3	
	83891 Molecule Isolate Nucleic	5	3	
	83892 Molecular Diagnostics	5	3	
	83893 Molecule Dot/Slot/Blot	5	3	
	83894 Molecule Gel Electrophor	5	3	
	83896 Molecular Diagnostics	5	3	
	83897 Molecule Nucleic Transfer	5	3	
	83898 Molecule Nucleic Ampli, Each	5	3	
	84443 Assay Thyroid Stim Hormone	5	3	
Cytopathology	88141 Cytopath, C/V, Interpret	5	3	
	88142 Cytopath, C/V, Thin Layer	5	3	
	88174 Cytopath, C/V Auto, in Fluid	5	3	
	88175 Cytopath C/V Auto Fluid Redo	5	3	
Drug Testing	80100 Drug Screen, Qualitate/Multi	5	3	
	80101 Drug Screen, Single	5	3	
	80102 Drug Confirmation	5	3	
Hematology and Coagulation	85004 Automated Diff WBC Count	5	3	
	85007 BI Smear w Diff WBC Count	5	3	
	85008 BI Smear wo Diff WBC Count	5	3	
	85009 Manual Diff WBC Count B-Coat	5	3	
	85013 Spun Microhematocrit	5	3	
	85014 Hematocrit	5	3	
	85018 Hemoglobin	5	3	
	85025 Complete CBC w Auto Diff WBC	5	3	
	85027 Complete CBC, Automated	5	3	
Immunology	86001 Allergen Specific Igg	5	3	
	86003 Allergen Specific Ige	5	3	
	86005 Allergen Specific Ige	5	3	
Microbiology	87086 Urine Culture/Colony Count	5	3	
	87088 Urine Bacteria Culture	5	3	
	87491 Chylmd Trach, DNA, Amp Probe	5	3	
	87591 N.gonorrhoeae, DNA, Amp Prob	5	3	
	87880 Strep A Assay w Optic	5	3	
Organ or Disease-Oriented Panels	80050 General Health Panel	5	3	
r aileis	80053 Comprehen Metabolic Panel	5	3	
	80061 Lipid Panel	5	3	
Surgical Pathology	88304 Tissue Exam by Pathologist	5	3	

Service Group	Procedure w Code	Type of Service Code	Pricing Action Code	Mod1
	88305 Tissue Exam by Pathologist	5	3	
	88307 Tissue Exam by Pathologist	5	3	
	88304 Tissue Exam by Pathologist	5	3	26
	88305 Tissue Exam by Pathologist	5	3	26
	88307 Tissue Exam by Pathologist	5	3	26
	88304 Tissue Exam by Pathologist	5	3	TC
	88305 Tissue Exam by Pathologist	5	3	TC
	88307 Tissue Exam by Pathologist	5	3	TC
Urinalysis	81000 Urinalysis, Nonauto w Scope	5	3	
	81001 Urinalysis, Auto w Scope	5	3	
	81002 Urinalysis Nonauto wo Scope	5	3	
	81003 Urinalysis, Auto, wo Scope	5	3	
	81025 Urine Pregnancy Test	5	3	

# **Therapy Services**

Sandas Craun	Dragoduro w Codo	Type of Service	Pricing Action
Service Group Physical and Occupational	Procedure w Code	Code	Code
, ,	97001 Pt Evaluation	9	3
	97001 Pt Evaluation		3
	97002 Pt Re-Evaluation	1	3
	97002 Pt Re-Evaluation	9	3
	97003 Ot Evaluation	9	3
	97010 Hot or Cold Packs Therapy	1	3
	97010 Hot or Cold Packs Therapy	9	3
	97012 Mechanical Traction Therapy	1 -	3
	97012 Mechanical Traction Therapy	9	3
	97014 Electric Stimulation Therapy	1	3
	97014 Electric Stimulation Therapy	9	3
	97032 Electrical Stimulation	1	3
	97032 Electrical Stimulation	9	3
	97033 Electric Current Therapy	1	3
	97033 Electric Current Therapy	9	3
	97035 Ultrasound Therapy	1	3
	97035 Ultrasound Therapy	9	3
	97039 Physical Therapy Treatment	9	3
	97110 Therapeutic Exercises	1	3
	97110 Therapeutic Exercises	9	3
	97112 Neuromuscular Reeducation	1	3
	97112 Neuromuscular Reeducation	9	3
	97113 Aquatic Therapy/Exercises	9	3
	97116 Gait Training Therapy	1	3
	97116 Gait Training Therapy	9	3
	97140 Manual Therapy	1	3
	97140 Manual Therapy	9	3
	97150 Group Therapeutic Procedures	9	3
	97530 Therapeutic Activities	1	3
	97530 Therapeutic Activities	9	3
	97535 Self Care Mngment Training	1	3
	97535 Self Care Mngment Training	9	3
	97750 Physical Performance Test	1	3
	97750 Physical Performance Test	9	3
	97760 Orthotic Mgmt & Training	1	3
	97760 Orthotic Mgmt & Training	9	3
Speech	92506 Speech/Hearing Evaluation	9	3
	92507 Speech/Hearing Therapy	9	3
	92508 Speech/Hearing Therapy	9	3
	92526 Oral Function Therapy	9	3
	92609 Use of Speech Device Service	9	3
	92610 Evaluate Swallowing Function	9	3

## **Dental Services**

Code and Description	
Code and Description	
D0120 Periodic Oral Evaluation	
D0140 Limit Oral Eval Problm Focus	
D0150 Comprehensve Oral Evaluation	
D0210 Intraor Complete Film Series	
D0272 Dental Bitewings Two Films	
D0274 Dental Bitewings Four Films	
D3220 Therapeutic Pulpotomy	
D3310 End Thxpy, Anterior Tooth	
D3320 End Thxpy, Bicuspid Tooth	
D3330 End Thxpy, Molar	
D7140 Extraction Erupted Tooth/Exr	
D7210 Rem Imp Tooth w Mucoper Flp	
D7240 Impact Tooth Remov Comp Bony	
D1120 Dental Prophylaxis Child	
D1203 Topical App Fluoride Child	
D1351 Dental Sealant Per Tooth	
D2140 Amalgam One Surface Permanen	
D2150 Amalgam Two Surfaces Permane	
D2160 Amalgam Three Surfaces Perma	
D2161 Amalgam 4 or > Surfaces Perm	
D2330 Resin One Surface-Anterior	
D2331 Resin Two Surfaces-Anterior	
D2332 Resin Three Surfaces-Anterio	
D2391 Post 1 Srfc Resinbased Cmpst	
D2392 Post 2 Srfc Resinbased Cmpst	
D2393 Post 3 Srfc Resinbased Cmpst	
D2394 Post >=4srfc Resinbase Cmpst	
D2940 Dental Sedative Filling	

## **Anesthesia Services**

Type of Service Code 7 is utilized for paying anesthesia claims. In most cases, this type of service appears with anesthesia-specific CPT codes. In some cases, this type of service will appear with other CPT codes as well. Some of these instances appear at the end of this list.

Service Group	Procedure w Code	Procedure Modifier Code 1
Anesthesia	00100 Anesth, Salivary Gland	AA
	00100 Anesth, Salivary Gland	
	00102 Anesth, Repair of Cleft Lip	AA
	00103 Anesth, Blepharoplasty	AA
	00103 Anesth, Blepharoplasty	
	00104 Anesth, Electroshock	AA
	00104 Anesth, Electroshock	
	00120 Anesth, Ear Surgery	AA
	00120 Anesth, Ear Surgery	
	00124 Anesth, Ear Exam	AA
	00124 Anesth, Ear Exam	
	00126 Anesth, Tympanotomy	AA
	00126 Anesth, Tympanotomy	
	00140 Anesth, Procedures on Eye	AA
	00140 Anesth, Procedures on Eye	
	00142 Anesth, Lens Surgery	AA
	00142 Anesth, Lens Surgery	
	00145 Anesth, Vitreoretinal Surg	AA
	00145 Anesth, Vitreoretinal Surg	
	00148 Anesth, Eye Exam	AA
	00148 Anesth, Eye Exam	
	00160 Anesth, Nose/Sinus Surgery	AA
	00160 Anesth, Nose/Sinus Surgery	
	00162 Anesth, Nose/Sinus Surgery	AA
	00170 Anesth, Procedure on Mouth	AA
	00170 Anesth, Procedure on Mouth	
	00172 Anesth, Cleft Palate Repair	AA
	00176 Anesth, Pharyngeal Surgery	AA
	00190 Anesth, Face/Skull Bone Surg	AA
	00190 Anesth, Face/Skull Bone Surg	
	00192 Anesth, Facial Bone Surgery	AA

Service Group	Procedure w Code	Procedure Modifier Code 1
	00192 Anesth, Facial Bone Surgery	
	00210 Anesth, Cranial Surg NOS	AA
	00210 Anesth, Cranial Surg NOS	
	00211 Anesth, Cran Surg, Hemotoma	AA
	00211 Anesth, Cran Surg, Hemotoma	
	00214 Anesth, Skull Drainage	AA
	00214 Anesth, Skull Drainage	
	00215 Anesth, Skull Repair/Fract	AA
	00216 Anesth, Head Vessel Surgery	AA
	00216 Anesth, Head Vessel Surgery	
	00220 Anesth, Intrcrn Nerve	AA
	00220 Anesth, Intrcrn Nerve	
	00300 Anesth, Head/Neck/Ptrunk	AA
	00300 Anesth, Head/Neck/Ptrunk	
	00320 Anesth, Neck Organ, 1 & Over	AA
	00320 Anesth, Neck Organ, 1 & Over	
	00326 Anesth, Larynx/Trach, < 1 Yr	AA
	00326 Anesth, Larynx/Trach, < 1 Yr	
	00350 Anesth, Neck Vessel Surgery	AA
	00350 Anesth, Neck Vessel Surgery	
	00352 Anesth, Neck Vessel Surgery	AA
	00400 Anesth, Skin, Ext/Per/Atrunk	AA
	00400 Anesth, Skin, Ext/Per/Atrunk	
	00402 Anesth, Surgery of Breast	AA
	00402 Anesth, Surgery of Breast	
	00404 Anesth, Surgery of Breast	AA
	00404 Anesth, Surgery of Breast	
	00410 Anesth, Correct Heart Rhythm	AA
	00410 Anesth, Correct Heart Rhythm	
	00450 Anesth, Surgery of Shoulder	AA
	00450 Anesth, Surgery of Shoulder	
	00470 Anesth, Removal of Rib	AA

		Procedure Modifier
Service Group	Procedure w Code	Code 1
	00470 Anesth, Removal of Rib	
	00472 Anesth, Chest Wall Repair	
	00500 Anesth, Esophageal Surgery	AA
	00500 Anesth, Esophageal Surgery	
	00520 Anesth, Chest Procedure	AA
	00520 Anesth, Chest Procedure	
	00524 Anesth, Chest Drainage	AA
	00528 Anesth, Chest Partition View	AA
	00528 Anesth, Chest Partition View	
	00529 Anesth, Chest Partition View	AA
	00529 Anesth, Chest Partition View	
	00530 Anesth, Pacemaker Insertion	AA
	00530 Anesth, Pacemaker Insertion	
	00532 Anesth, Vascular Access	AA
	00532 Anesth, Vascular Access	
	00534 Anesth, Cardioverter/Defib	AA
	00534 Anesth, Cardioverter/Defib	
	00537 Anesth, Cardiac Electrophys	AA
	00537 Anesth, Cardiac Electrophys	
	00540 Anesth, Chest Surgery	AA
	00540 Anesth, Chest Surgery	
	00541 Anesth, One Lung Ventilation	AA
	00541 Anesth, One Lung Ventilation	
	00542 Anesth, Release of Lung	AA
	00548 Anesth, Trachea, Bronchi Surg	AA
	00550 Anesth, Sternal Debridement	AA
	00560 Anesth, Heart Surg wo Pump	AA
	00560 Anesth, Heart Surg wo Pump	
	00561 Anesth, Heart Surg < Age 1	AA
	00562 Anesth Hrt Surg w Pmp Age 1+	AA
	00562 Anesth Hrt Surg w Pmp Age 1+	7.51
	00566 Anesth, CABG wo Pump	AA
	00567 Anesth, CABG w Pump	AA
		AA
	00600 Anesth, Spine, Cord Surgery	AA
	00600 Anesth, Spine, Cord Surgery	

Service Group	Procedure w Code	Procedure Modifier Code 1
	00620 Anesth, Spine, Cord Surgery	AA
	00620 Anesth, Spine, Cord Surgery	
	00626 Anes, Spine Transthor w Vent	
	00630 Anesth, Spine, Cord Surgery	AA
	00630 Anesth, Spine, Cord Surgery	
	00635 Anesth, Lumbar Puncture	AA
	00635 Anesth, Lumbar Puncture	
	00670 Anesth, Spine, Cord Surgery	AA
	00670 Anesth, Spine, Cord Surgery	
	00700 Anesth, Abdominal Wall Surg	AA
	00700 Anesth, Abdominal Wall Surg	
	00702 Anesth, for Liver Biopsy	AA
	00702 Anesth, for Liver Biopsy	
	00740 Anesth, Upper GI Visualize	AA
	00740 Anesth, Upper GI Visualize	
	00750 Anesth, Repair of Hernia	AA
	00750 Anesth, Repair of Hernia	
	00752 Anesth, Repair of Hernia	AA
	00752 Anesth, Repair of Hernia	
	00754 Anesth, Repair of Hernia	AA
	00770 Anesth, Blood Vessel Repair	AA
	00770 Anesth, Blood Vessel Repair	
	00790 Anesth, Surg Upper Abdomen	AA
	00790 Anesth, Surg Upper Abdomen	
	00792 Anesth, Hemorr/Excise Liver	AA
	00792 Anesth, Hemorr/Excise Liver	
	00794 Anesth, Pancreas Removal	AA
	00797 Anesth, Surgery for Obesity	
	00800 Anesth, Abdominal Wall Surg	AA
	00800 Anesth, Abdominal Wall Surg	
	00802 Anesth, Fat Layer Removal	AA
	00802 Anesth, Fat Layer Removal	
	00810 Anesth, Low Intestine Scope	AA
	00810 Anesth, Low Intestine Scope	
	00830 Anesth, Repair of Hernia	AA

Sandas Croun	Dragoduro y Codo	Procedure Modifier Code 1
Service Group	Procedure w Code  00830 Anesth, Repair of Hernia	Code I
	00832 Anesth, Repair of Hernia	AA
		AA
	00832 Anesth, Repair of Hernia	0.0
	00834 Anesth, Hernia Repair< 1 Yr	AA
	00834 Anesth, Hernia Repair< 1 Yr	
	00836 Anesth Hernia Repair Preemie	AA
	00840 Anesth, Surg Lower Abdomen	AA
	00840 Anesth, Surg Lower Abdomen	
	00844 Anesth, Pelvis Surgery	AA
	00844 Anesth, Pelvis Surgery	
	00846 Anesth, Hysterectomy	AA
	00851 Anesth, Tubal Ligation	AA
	00851 Anesth, Tubal Ligation	
	00860 Anesth, Surgery of Abdomen	AA
	00860 Anesth, Surgery of Abdomen	
	00862 Anesth, Kidney/Ureter Surg	AA
	00862 Anesth, Kidney/Ureter Surg	
	00864 Anesth, Removal of Bladder	AA
	00864 Anesth, Removal of Bladder	
	00865 Anesth, Removal of Prostate	
	00866 Anesth, Removal of Adrenal	AA
	00868 Anesth, Kidney Transplant	AA
	00870 Anesth, Bladder Stone Surg	AA
	00873 Anesth Kidney Stone Destruct	AA
	00873 Anesth Kidney Stone Destruct	
	00880 Anesth, Abdomen Vessel Surg	AA
	00880 Anesth, Abdomen Vessel Surg	
	00902 Anesth, Anorectal Surgery	AA
	00902 Anesth, Anorectal Surgery	· ·
	00904 Anesth, Perineal Surgery	AA
	00904 Anesth, Perineal Surgery	
	00906 Anesth, Removal of Vulva	AA
	00906 Anesth, Removal of Vulva	
	00910 Anesth, Bladder Surgery	AA
		AA
	00910 Anesth, Bladder Surgery	

Service Group	Procedure w Code	Procedure Modifier Code 1
	00912 Anesth, Bladder Tumor Surg	AA
	00912 Anesth, Bladder Tumor Surg	
	00914 Anesth, Removal of Prostate	AA
	00914 Anesth, Removal of Prostate	
	00918 Anesth, Stone Removal	AA
	00918 Anesth, Stone Removal	
	00920 Anesth, Genitalia Surgery	AA
	00920 Anesth, Genitalia Surgery	
	00921 Anesth, Vasectomy	
	00924 Anesth, Testis Exploration	AA
	00926 Anesth, Removal of Testis	AA
	00926 Anesth, Removal of Testis	
	00930 Anesth, Testis Suspension	AA
	00930 Anesth, Testis Suspension	
	00938 Anesth, Insert Penis Device	AA
	00940 Anesth, Vaginal Procedures	AA
	00940 Anesth, Vaginal Procedures	
	00942 Anesth, Surg on Vag/Urethral	
	00944 Anesth, Vaginal Hysterectomy	AA
	00944 Anesth, Vaginal Hysterectomy	
	00948 Anesth, Repair of Cervix	AA
	00948 Anesth, Repair of Cervix	
	00950 Anesth, Vaginal Endoscopy	
	00952 Anesth, Hysteroscope/Graph	AA
	00952 Anesth, Hysteroscope/Graph	
	01112 Anesth, Bone Aspirate/Bx	AA
	01112 Anesth, Bone Aspirate/Bx	
	01120 Anesth, Pelvis Surgery	AA
	01120 Anesth, Pelvis Surgery	
	01130 Anesth, Body Cast Procedure	AA
	01130 Anesth, Body Cast Procedure	
	01160 Anesth, Pelvis Procedure	
	01170 Anesth, Pelvis Surgery	AA
	01170 Anesth, Pelvis Surgery	
	01200 Anesth, Hip Joint Procedure	AA

		Procedure Modifier
Service Group	Procedure w Code	Code 1
	01200 Anesth, Hip Joint Procedure	
	01202 Anesth, Arthroscopy of Hip	AA
	01202 Anesth, Arthroscopy of Hip	
	01210 Anesth, Hip Joint Surgery	AA
	01210 Anesth, Hip Joint Surgery	
	01214 Anesth, Hip Arthroplasty	AA
	01214 Anesth, Hip Arthroplasty	
	01215 Anesth, Revise Hip Repair	AA
	01215 Anesth, Revise Hip Repair	
	01220 Anesth, Procedure on Femur	AA
	01220 Anesth, Procedure on Femur	
	01230 Anesth, Surgery of Femur	AA
	01230 Anesth, Surgery of Femur	
	01232 Anesth, Amputation of Femur	AA
	01232 Anesth, Amputation of Femur	
	01250 Anesth, Upper Leg Surgery	AA
	01250 Anesth, Upper Leg Surgery	
	01260 Anesth, Upper Leg Veins Surg	AA
	01260 Anesth, Upper Leg Veins Surg	
	01270 Anesth, Thigh Arteries Surg	AA
	01270 Anesth, Thigh Arteries Surg	
	01274 Anesth, Femoral Embolectomy	AA
	01274 Anesth, Femoral Embolectomy	
	01320 Anesth, Knee Area Surgery	AA
	01320 Anesth, Knee Area Surgery	
	01360 Anesth, Knee Area Surgery	AA
	01360 Anesth, Knee Area Surgery	
	01380 Anesth, Knee Joint Procedure	AA
	01380 Anesth, Knee Joint Procedure	7./1
	01382 Anesth, Dx Knee Arthroscopy	AA
	01382 Anesth, Dx Knee Arthroscopy	AA
		ΛΛ
	01390 Anesth, Knee Area Procedure	AA
	01392 Anesth, Knee Area Surgery	AA
	01392 Anesth, Knee Area Surgery	
	01400 Anesth, Knee Joint Surgery	AA

Service Group	Procedure w Code	Procedure Modifier Code 1
	01400 Anesth, Knee Joint Surgery	
	01402 Anesth, Knee Arthroplasty	AA
	01402 Anesth, Knee Arthroplasty	
	01404 Anesth, Amputation at Knee	
	01420 Anesth, Knee Joint Casting	AA
	01442 Anesth, Knee Artery Surg	
	01462 Anesth, Lower Leg Procedure	AA
	01462 Anesth, Lower Leg Procedure	
	01464 Anesth, Ankle/Ft Arthroscopy	
	01470 Anesth, Lower Leg Surgery	AA
	01470 Anesth, Lower Leg Surgery	
	01472 Anesth, Achilles Tendon Surg	
	01474 Anesth, Lower Leg Surgery	AA
	01474 Anesth, Lower Leg Surgery	
	01480 Anesth, Lower Leg Bone Surg	AA
	01480 Anesth, Lower Leg Bone Surg	
	01482 Anesth, Radical Leg Surgery	AA
	01482 Anesth, Radical Leg Surgery	
	01484 Anesth, Lower Leg Revision	AA
	01484 Anesth, Lower Leg Revision	
	01500 Anesth, Leg Arteries Surg	AA
	01520 Anesth, Lower Leg Vein Surg	
	01610 Anesth, Surgery of Shoulder	AA
	01610 Anesth, Surgery of Shoulder	
	01620 Anesth, Shoulder Procedure	AA
	01620 Anesth, Shoulder Procedure	
	01630 Anesth, Surgery of Shoulder	AA
	01630 Anesth, Surgery of Shoulder	
	01638 Anesth, Shoulder Replacement	AA
	01638 Anesth, Shoulder Replacement	
	01650 Anesth, Shoulder Artery Surg	AA
	01656 Anesth, Arm-Leg Vessel Surg	
	01710 Anesth, Elbow Area Surgery	AA
	01710 Anesth, Elbow Area Surgery	
	01712 Anesth, Uppr Arm Tendon Surg	AA

Service Group	Procedure w Code	Procedure Modifier Code 1
Service Group	01716 Anesth, Biceps Tendon Repair	AA
	01730 Anesth, Uppr Arm Procedure	AA
	01730 Anesth, Uppr Arm Procedure	
	01732 Anesth, Dx Elbow Arthroscopy	AA
	01740 Anesth, Upper Arm Surgery	AA
	01740 Anesth, Upper Arm Surgery	
	01744 Anesth, Humerus Repair	
	01756 Anesth, Radical Humerus Surg	AA
	01756 Anesth, Radical Humerus Surg	
	01758 Anesth, Humeral Lesion Surg	AA
	01810 Anesth, Lower Arm Surgery	AA
	01810 Anesth, Lower Arm Surgery	
	01820 Anesth, Lower Arm Procedure	AA
	01820 Anesth, Lower Arm Procedure	
	01830 Anesth, Lower Arm Surgery	AA
	01830 Anesth, Lower Arm Surgery	
	01844 Anesth, Vascular Shunt Surg	AA
	01844 Anesth, Vascular Shunt Surg	
	01850 Anesth, Lower Arm Vein Surg	
	01916 Anesth, Dx Arteriography	AA
	01920 Anesth, Catheterize Heart	AA
	01920 Anesth, Catheterize Heart	
	01922 Anesth, CAT or MRI Scan	AA
	01922 Anesth, CAT or MRI Scan	
	01924 Anes, Ther Interven Rad, Art	AA
	01924 Anes, Ther Interven Rad, Art	
	01925 Anes, Ther Interven Rad, Car	AA
	01926 Anes, Tx Interv Rad Hrt/Cran	AA
	01926 Anes, Tx Interv Rad Hrt/Cran	
	01930 Anes, Ther Interven Rad, Vei	AA
	01930 Anes, Ther Interven Rad, Vei	
	01931 Anes, Ther Interven Rad, Tip	AA
	01931 Anes, Ther Interven Rad, Tip	
	01936 Anesth, Perc Img Tx Sp Proc	AA
	01936 Anesth, Perc Img Tx Sp Proc	

Service Group	Procedure w Code	Procedure Modifier Code 1
corner creup	01951 Anesth, Burn, Less 4 Percent	3040 1
	01952 Anesth, Burn, 4-9 Percent	
	01958 Anesth, Antepartum Manipul	AA
	01958 Anesth, Antepartum Manipul	
	01960 Anesth, Vaginal Delivery	AA
	01960 Anesth, Vaginal Delivery	
	01961 Anesth, Cs Delivery	AA
	01961 Anesth, Cs Delivery	
	01962 Anesth, Emer Hysterectomy	
	01965 Anesth, Inc/Missed Ab Proc	AA
	01965 Anesth, Inc/Missed Ab Proc	
	01966 Anesth, Induced Ab Procedure	AA
	01967 Anesth/Analg, Vag Delivery	AA
	01967 Anesth/Analg, Vag Delivery	
	01968 Anes/Analg Cs Deliver Add-On	AA
	01968 Anes/Analg Cs Deliver Add-On	
	01991 Anesth, Nerve Block/Inj	AA
	01991 Anesth, Nerve Block/Inj	
	01992 Anesth, N Block/Inj, Prone	AA
	01992 Anesth, N Block/Inj, Prone	
	01999 Unlisted Anesth Procedure	AA
	31500 Insert Emergency Airway	AA
	36410 Non-Routine Bl Draw > 3 Yrs	AA
	36620 Insertion Catheter, Artery	AA
	49659 Laparo Proc, Hernia Repair	AA
	59409 Obstetrical Care	AA
	62273 Inject Epidural Patch	AA
	62310 Inject Spine C/T	AA
	62311 Inject Spine L/S (Cd)	AA
	62318 Inject Spine w Cath, C/T	AA
	62319 Inject Spine w Cath L/S (Cd)	AA
	64416 N Block Cont Infuse, B Plex	AA
	64446 N Blk Inj, Sciatic, Cont Inf	
	64447 N Block Inj Fem, Single	AA
	64447 N Block Inj Fem, Single	

Service Group	Procedure w Code	Procedure Modifier Code 1
	64448 N Block Inj Fem, Cont Inf	AA
	64448 N Block Inj Fem, Cont Inf	
	64450 N Block, Other Peripheral	AA
	64517 N Block Inj, Hypogas Plxs	
	66984 Cataract Surg w IOL, 1 Stage	AA
	99140 Emergency Anesthesia	AA
	99140 Emergency Anesthesia	

# **Transportation Services**

Service Group	Service Sub-Group	Procedure w Code	Type of Service Code	Pricing Action Code
Ambulance Transporation and Life Support	Advanced Life Support	A0426 ALS 1	9	3
		A0427 ALS1-Emergency	9	3
		A0433 ALS 2	9	3
	Basic Life Support	A0428 BLS	9	3
		A0429 BLS-Emergency	9	3
	Ground Mileage	A0425 Ground Mileage	9	3
Non-Emergency		T2003 N-Et; Encounter/Trip	9	3
		T2004 N-Et; Commerc Carrier Pass	9	3
Rotary Wing		A0431 Rotary Wing Air Transport	9	3
Specialty Care Transport		A0434 Specialty Care Transport	9	3
Transportation Ancillary		A0170 Transport Parking Fees/Tolls	9	T
		T2007 Non-Emer Transport Wait Time	9	3
Wheelchair Van	Wheelchair Van	A0130 NonER Transport Wheelch Van	9	3
	Mileage	S0209 Wc Van Mileage Per Mi	9	Т

## **FQHC and RHC Clinic Services**

	Service Sub-Group	Procedure w Code
FQHC and RHC Clinic Service Encounter	Federally Qualified Health Center	T1015 Clinic Visit/encounter, all inclusive
Service Litcouritei		T1015 Clinic Visit/encounter, all inclusive
	Hospital-based Rural Health Clinic	521 Hospital-based Rural Health Clinic Visit

## **Interpreter Services**

Service Group	Service Sub-Group	Procedure w Code	Type of Service Code	Pricing Action Code	Mod1	Mod2
	Hearing Impaired, 15 Min	T1013 Sign Lang/Oral Interpreter	1	3	UA	U1
	Language, 15 Min	T1013 Sign Lang/Oral Interpreter	1	3	UC	U1
	Each Additional 15 Minutes	T1013 Sign Lang/Oral Interpreter	1	3	UA	U2
		T1013 Sign Lang/Oral Interpreter	1	3	UC	U2

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# **Appendix B: Data and Methods**

## Fee Schedule Data

- NH rates paid from the NH Medicaid fee schedule were obtained from the current Medicaid Management Information System (MMIS), also known as NH AIM.
- Data on payment rates for procedures were obtained from published fee schedules for Medicare and other New England state Medicaid programs in effect on or about June 30, 2010, although for some rates a more current rate may have been used.
- Commercial insurance rates come from New Hampshire Comprehensive Health Care Information System (NH CHIS) claims data for 2009, therefore reflecting rates that are on average 18 months older than the Medicaid rates being compared. Please see section *Commercial Payment Rates for Benchmarks* below for more information on this data.

## **Treatment of Facility Based Rates**

Three payers, Medicare, the Massachusetts Medicaid program (MassHealth), and the Maine Medicaid program (MaineCare) pay different rates for many procedures depending on site of service. Compared with services provided in a physician's office, rates for professional services are lower when provided in facilities such as a hospital (inpatient or outpatient) or nursing home as some of the cost is covered in the separate facility payment. For these three payers we used a weighted average of rates with weights reflecting the relative share of units provided in facility and non-facility settings.

```
% Facility = Units Facility/Total Units

Calculated Rate = ((1 - % Facility) * non facility rate) + (% Facility * facility rate)
```

## **Weighted Rates**

To calculate the weighted rates for each procedure subgroup, we performed the following on each subgroup of procedures:

```
Weighted Rate = \Sigma(Units Prof * Rate)/\Sigma Units Prof
```

In all cases we used NH units for SFY 2009. We utilized this formula to calculate procedure subgroup weighted rates for New Hampshire, the other New England states, Medicare, and commercial insurance.

Weighting rates in this manner provides useful comparisons between physician and ARNP rates and utilization. For instance, the rate calculated for primary care treatment codes is based on a weighted average involving the utilization of CPT codes 99201-99215.

Based on the weighted rates, we calculated the following payments as a percent of NH Medicaid:

- Weighted NH/Weighted NH
- Weighted Other States/Weighted NH
- Weighted Medicare/Weighted NH
- Weighted Commercial/Weighted NH

## **Commercial Payment Rates for Benchmarks**

The New Hampshire Comprehensive Health Care Information System (NH CHIS) is a joint project between the New Hampshire Department of Health and Human Services (NH DHHS) and the New Hampshire Insurance Department (NHID). The NH CHIS was created by state statute (RSA 420-G:11-a) to make health care data "available as a resource for insurers, employers, providers, purchasers of health care, and state agencies to continuously review health care utilization, expenditures, and performance in New Hampshire and to enhance the ability of New Hampshire consumers and employers to make informed and cost-effective health care choices." The system collects all medical and pharmacy eligibility and claims data from NH licensed insurance carriers and third party administrators for insurance policies issued in New Hampshire.

The average payment rate data for commercially insured is based on NH resident 2009 incurred services. Payments included health plan payments, member payments, and where applicable, fee for service equivalent payment if service was delivered under a capitated or prepaid arrangement. Commercial data was included in the benchmarking report when it could reliably be compared with Medicaid services.

# **Appendix C: Rates for Other New England States, Medicare, and Commercial**

The following tables provide the published rates for Other New England States, Medicare, and Commercial Insurance used for this benchmarking analysis, sorted by service group and sub-group.

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Appendix C: Rates for Physician & Professional Services

Service Group Adult Day Care Allergy Testing and Inmunology Allergy Testing Allergy Testing Cardiovascular Arteries and Vein Cardiac Catheter Cardiography Echocardiograph		Procedure w Code S5102 Adult Day Care Per Diem S5102 Adult Day Care Per Diem 95115 Immunotherapy, One Injection	Type of Service Code			Mod2	_	Avg - Other		MA Non-			Adjusted MA	ME Non-		Adjusted ME			Medicare - NH Non-	Medicare -	Adjusted Medicare NH	All Comm
Allergy Testing and Immunology  Allergy Testing  Allergy Testing  Cardiovascular  Arteries and Vein  Cardiac Catheter  Cardiography	munotherapy	S5102 Adult Day Care Per Diem	9	2				NE States	CT <sup>2</sup>	Facility <sup>3</sup>	MA Facility <sup>3</sup>		Rate Used	Facility <sup>4</sup>	ME Facility <sup>4</sup>	Rate Used	RI <sup>5</sup>	VT <sup>6</sup>	Facility <sup>7</sup>	NH Facility <sup>7</sup>	Rate Used	Total Allowed per Unit <sup>8</sup>
Allergy Testing  Cardiovascular Arteries and Vein  Cardiac Catheter  Cardiography	munotherapy	,		3	110	110	\$49.24	\$64.77				\$53.93	\$53.93			\$75.60						
Allergy Testing  Cardiovascular Arteries and Vein  Cardiac Catheter  Cardiography	ımunotherapy	95115 Immunotherapy, One Injection	9	3	HC	U2	\$49.24	***	** **	*** 70	****		444 70			47.00	40.40	47.07	***	***	***	***
Allergy Testing  Cardiovascular Arteries and Vein  Cardiac Catheter  Cardiography			1	3			\$7.00	\$8.83	\$9.33	\$11.79	\$9.84		\$11.78			\$7.29	\$8.40	\$7.37	\$10.13	\$10.13	\$10.13	\$18.36
Cardiovascular Arteries and Vein  Cardiac Catheter  Cardiography		95117 Immunotherapy Injections		3			\$9.73	\$10.57	\$11.62	\$14.71	\$12.76		\$14.71			\$9.28	\$8.40	\$8.82	\$12.43	\$12.43	\$12.43	\$21.39
Cardiovascular Arteries and Vein  Cardiac Catheter  Cardiography		95145 Antigen Therapy Services	1	3	-		\$12.33	\$13.22	\$9.75	\$12.56	\$2.49 \$2.82		\$12.56			\$13.61	\$19.28	\$10.88	\$15.79	\$3.15	\$15.79	\$27.50 \$36.14
Cardiovascular Arteries and Vein  Cardiac Catheter  Cardiography		95146 Antigen Therapy Services	1	3	+		\$15.00 \$19.83	\$17.18 \$18.39	\$13.84 \$13.58	\$17.75 \$17.42	\$2.82 \$2.49		\$17.75 \$17.42			\$21.08 \$20.40	\$16.00 \$24.00	\$17.24 \$16.56	\$26.14 \$25.37	\$3.15 \$3.15	\$26.14 \$25.37	\$36.14 \$26.59
Cardiovascular Arteries and Vein  Cardiac Catheter  Cardiography		95147 Antigen Therapy Services	1	3	+		\$19.83	\$18.39	\$13.58 \$18.43	\$17.42	\$2.49		\$17.42 \$23.59			\$20.40	\$24.00	\$16.56	\$25.37 \$36.10	\$3.15 \$3.15	\$25.37 \$36.10	\$26.59 \$22.43
Cardiovascular Arteries and Vein  Cardiac Catheter  Cardiography		95148 Antigen Therapy Services	1	3	+		\$3.68	\$23.05	\$18.43	\$23.59	\$2.82		\$23.59			\$28.53	\$22.08	\$4.89	\$30.10 \$11.96	\$3.15	\$30.10	\$22.43 \$14.44
Cardiovascular Arteries and Vein  Cardiac Catheter  Cardiography	ting	95165 Antigen Therapy Services 95004 Percut Allergy Skin Tests	1	3	-	-	\$1.63	\$10.20	\$3.26	\$0.00	\$2.49		\$4.11			\$3.54	\$0.96	\$1.67	\$5.90	\$5.10	\$5.90	\$7.87
Cardiac Catheter Cardiography	.ing	95010 Percut Allergy Titrate Test	1	3	-	-	\$6.80	\$2.71	\$3.20 \$11.05	\$14.35	\$6.24		\$4.11			\$3.54 \$10.90	\$0.96	\$1.07	\$5.90 \$17.58	\$17.58	\$17.58	\$26.27
Cardiac Catheter Cardiography		95010 Percur Allergy Titrate Test 95015 Id Allergy Titrate-Drug/Bug	1	3			\$3.85	\$7.07	\$7.22	\$9.48	\$6.24		\$9.46			\$8.20	\$0.96	\$9.50	\$17.36	\$17.36	\$17.36	\$20.27
Cardiac Catheter Cardiography		95024 Id Allergy Test, Drug/Bug	1	3	-	-	\$2.81	\$3.60	\$4.54		\$0.24	\$5.73	\$5.73			\$4.21	\$0.96	\$2.54	\$7.05	\$7.05	\$7.05	\$9.33
Cardiac Catheter Cardiography	d Voine	36416 Capillary Blood Draw	2	3	+		\$12.00	\$3.60	\$3.47			\$3.13	\$3.73	\$3.32	\$3.32	\$3.32	\$0.70	\$4.00	\$1.03	\$1.03	\$1.05	\$5.47
Cardiography	1 veins	36514 Apheresis Plasma	1	3			\$54.87	\$131.29	\$428.35	\$546.51	\$70.72		\$73.85	\$342.06	\$58.45	\$60.32	\$51.60	\$4.00	\$514.65	\$91.32	\$94.11	\$1,286.71
Cardiography		36516 Apheresis, Selective	1	3	-	-	\$1,686.96	\$1.285.30	\$1,951.31	\$2,480.98	\$49.78		\$2,480.98	\$58.63	\$58.63	\$58.63	\$51.60	\$1.883.97	\$2,148.09	\$65.89	\$2,148.09	\$2,991.92
Cardiography		36555 Insert Non-Tunnel Cv Cath	2	3	+	+	\$83.11	\$1,203.30	\$1,731.31	\$2,400.70	\$99.81		\$99.81	\$120.19	\$120.19	\$120.19	\$184.11	\$42.35	\$267.05	\$125.30	\$125.30	\$467.37
Cardiography		36556 Insert Non-Tunnel Cv Cath	2	2			\$75.06	\$127.90	\$193.02	\$240.43	\$94.70		\$94.85	\$120.19	\$120.19	\$120.19	\$157.90	\$39.10	\$230.95	\$123.30	\$123.30	\$407.37
Cardiography		36560 Insert Tunneled Cv Cath	2	3	+		\$219.76	\$460.34	\$839.14	\$1.072.84	\$276.40		\$276.40	\$328.65	\$328.65	\$328.65	\$746.76	\$110.77	\$1,109.68	\$348.83	\$348.83	\$1,286.63
Cardiography		36561 Insert Tunneled Cv Cath	2	3			\$212.09	\$455.43	\$839.02	\$1,072.04	\$267.98		\$270.40	\$696.75	\$320.03	\$319.31	\$739.94	\$107.51	\$1,157.51	\$348.76	\$352.19	\$748.02
Cardiography	theterization	93510 Left Heart Catheterization	1	3			\$900.00	\$810.83	\$1,048.89	\$1,072.22	\$201.70	\$1,544.27	\$1.544.27	\$825.64	\$825.64	\$825.64	\$235.20	\$400.13	\$1,239.32	\$1,239.32	\$1,239.32	\$1,377.55
	Helenzalion	93526 Rt & Lt Heart Catheters	1	3			\$1,200.00	\$1,032.16	\$1,377.75			\$2,029.19	\$2,029.19	\$1,085.68	\$1,085.68	\$1,085.68	\$348.00	\$320.17	\$1,584.67	\$1,584.67	\$1,584.67	\$1,320.00
		93510 Left Heart Catheterization	1	3	26	1	\$225.00	\$180.01	\$1,511.15			\$2,027.17	\$195.82	\$164.19	\$1,003.00	\$164.19	\$340.00	\$320.17	\$249.41	\$249.41	\$249.41	\$549.92
		93526 Rt & Lt Heart Catheters	1	3	26		\$300.00	\$246.42					\$266.53	\$226.31	\$226.31	\$226.31			\$344.21	\$344.21	\$344.21	\$776.56
	hy	93000 Electrocardiogram, Complete	1	3		1	\$15.88	\$18.95	\$15.97			\$20.52	\$20.52	\$18.90	\$18.90	\$18.90	\$16.31	\$23.04	\$20.40	\$20.40	\$20.40	\$39.11
Echocardiograph	,	93010 Electrocardiogram Report	1	3			\$7.06	\$7.82	\$5.12			\$6.78	\$6.78	\$7.96	\$7.96	\$7.96	\$7.02	\$12.23	\$9.12	\$9.12	\$9.12	\$19.93
	graphy	93303 Echo Transthoracic	1	3			\$128.89	\$149.23	\$144.30			\$184.25	\$184.25	\$137.18	\$137.18	\$137.18	\$130.86	\$149.56	\$213.35	\$213.35	\$213.35	\$558.01
	3.45.19	93304 Echo Transthoracic	1	3	1		\$70.46	\$72.36	\$80.88			\$103.44	\$103.44	\$84.83	\$84.83	\$84.83	\$71.62	\$21.05	\$134.67	\$134.67	\$134.67	\$198.71
		93306 Tte w Doppler, Complete	1	3			\$161.11	\$166.15	\$176.81			\$226.42	\$226.42	\$167.06	\$167.06	\$167.06	\$153.15	\$107.31	\$249.37	\$249.37	\$249.37	\$504.47
		93307 Tte wo Doppler, Complete	1	3			\$121.89	\$122.23	\$128.51			\$163.66	\$163.66	\$110.55	\$110.55	\$110.55	\$48.00	\$160.44	\$161.24	\$161.24	\$161.24	\$388.85
		93307 Tte wo Doppler, Complete	4	3			\$121.89	\$122.23	\$128.51			\$163.66	\$163.66	\$110.55	\$110.55	\$110.55	\$48.00	\$160.44	\$161.24	\$161.24	\$161.24	\$388.85
		93320 Doppler Echo Exam, Heart	1	3			\$54.83	\$61.99	\$56.68			\$72.19	\$72.19	\$56.93	\$56.93	\$56.93	\$48.00	\$76.15	\$70.29	\$70.29	\$70.29	\$187.40
		93320 Doppler Echo Exam, Heart	4	3			\$54.83	\$61.99	\$56.68			\$72.19	\$72.19	\$56.93	\$56.93	\$56.93	\$48.00	\$76.15	\$70.29	\$70.29	\$70.29	\$187.40
		93321 Doppler Echo Exam, Heart	1	3			\$24.62	\$34.77	\$31.24			\$39.77	\$39.77	\$30.52	\$30.52	\$30.52	\$28.80	\$43.51	\$31.54	\$31.54	\$31.54	\$63.65
		93325 Doppler Color Flow Add-On	1	3			\$33.14	\$65.64	\$65.88			\$83.24	\$83,24	\$45.40	\$45.40	\$45.40	\$48.00	\$85.67	\$42.00	\$42.00	\$42.00	\$198.17
		93325 Doppler Color Flow Add-On	4	3			\$33.14	\$65.64	\$65.88			\$83.24	\$83.24	\$45.40	\$45.40	\$45.40	\$48.00	\$85.67	\$42.00	\$42.00	\$42.00	\$198.17
		93303 Echo Transthoracic	1	3	26		\$45.11	\$49.44					\$52.71	\$46.17	\$46.17	\$46.17			\$69.13	\$69.13	\$69.13	\$234.95
		93304 Echo Transthoracic	1	3	26		\$28.18	\$28.19					\$30.21	\$26.17	\$26.17	\$26.17			\$39.49	\$39.49	\$39.49	\$108.06
		93306 Tte w Doppler, Complete	1	3	26		\$43.50	\$52.41					\$56.84	\$47.97	\$47.97	\$47.97			\$71.43	\$71.43	\$71.43	\$155.51
		93307 Tte wo Doppler, Complete	1	3	26		\$36.57	\$35.63					\$37.96	\$33.29	\$33.29	\$33.29			\$49.97	\$49.97	\$49.97	\$86.67
		93307 Tte wo Doppler, Complete	4	3	26		\$36.57	\$35.63					\$37.96	\$33.29	\$33.29	\$33.29			\$49.97	\$49.97	\$49.97	\$86.67
		93320 Doppler Echo Exam, Heart	1	3	26		\$15.90	\$14.76					\$15.73	\$13.78	\$13.78	\$13.78			\$20.69	\$20.69	\$20.69	\$47.15
		93320 Doppler Echo Exam, Heart	4	3	26		\$15.90	\$14.76					\$15.73	\$13.78	\$13.78	\$13.78			\$20.69	\$20.69	\$20.69	\$47.15
		93321 Doppler Echo Exam, Heart	1	3	26		\$6.40	\$6.03					\$6.56	\$5.49	\$5.49	\$5.49			\$8.38	\$8.38	\$8.38	\$23.44
		93325 Doppler Color Flow Add-On	1	3	26		\$2.98	\$2.83					\$3.09	\$2.57	\$2.57	\$2.57			\$3.90	\$3.90	\$3.90	\$10.91
		93325 Doppler Color Flow Add-On	4	3	26		\$2.98	\$2.83					\$3.09	\$2.57	\$2.57	\$2.57			\$3.90	\$3.90	\$3.90	\$10.91
		93306 Tte w Doppler, Complete	1	3	TC		\$117.61	\$144.34					\$169.59	\$119.08	\$119.08	\$119.08			\$177.93	\$177.93	\$177.93	\$537.42
		93307 Tte wo Doppler, Complete	1	3	TC		\$85.32	\$101.48					\$125.70	\$77.26	\$77.26	\$77.26			\$111.27	\$111.27	\$111.27	\$252.76
		93320 Doppler Echo Exam, Heart	1	3	TC		\$38.93	\$45.67					\$56.47	\$34.86	\$34.86	\$34.86			\$49.59	\$49.59	\$49.59	\$147.64
		93325 Doppler Color Flow Add-On	1	3	TC		\$30.16	\$54.68					\$80.15	\$29.21	\$29.21	\$29.21	ĺ		\$38.10	\$38.10	\$38.10	\$208.21
Heart and Perica		33533 CABG, Arterial, Single	2	3			\$1,266.49	\$1,243.45	\$1,169.62			\$1,516.50	\$1,516.50	\$1,415.52	\$1,415.52	\$1,415.52	\$814.80	\$1,300.79	\$1,897.46	\$1,897.46	\$1,897.46	\$3,183.77
	Pericardium		2	3			\$1,608,92	\$1,495,39	\$1,458,59			\$1.896.72	\$1,896.72	\$1,800,00	\$1.800.00	\$1.800.00	\$814.80	\$1,506.83	\$2,475.00	\$2,475.00	\$2,475.00	\$3,632.22
Therapeutic Serv	Pericardium	33535 CABG, Arterial, Three																				
	Pericardium c Services and Procedures	33535 CABG, Arterial, Three 92980 Insert Intracoronary Stent	1	3			\$643.87	\$644.26	\$491.23			\$640.45	\$640.45	\$562.81	\$562.81	\$562.81	\$670.18	\$856.64	\$859.01	\$859.01	\$859.01	\$1,776.82

Appendix C: Rates for Physician & Professional Services

Family Planning   Long Term   S8300 Insert Intraulerine Device   2   3   \$39.00   \$57.50   \$78.49   \$99.67   \$58.77   \$95.99   \$42.95   \$43.27   \$30.35   \$39.38   \$39.38   \$313.70   \$313.70   \$49.00   \$40.00																Post	ed Rates							
Section   Company   Comp	Service Group	Service Sub-Group1	Service Sub-Group2	Procedure w Code	Service	Action	Mod1	Mod2			CT <sup>2</sup>	1 2	MA Facility <sup>3</sup>	MA Global <sup>3</sup>			ME Facility <sup>4</sup>		RI <sup>5</sup>	VT <sup>6</sup>	NH Non-	_	Medicare NH	Total Allowed
See Fee Fee Fee Fee Fee Fee Fee Fee Fee	Family Planning	Long Term		58300 Insert Intrauterine Device	2	3				\$57.50	\$78.49	\$99.67						\$43.27	\$30.35	\$39.38				
March   Marc				58301 Remove Intrauterine Device	2	3			\$25.00	\$56.87	\$84.32	\$112.10	\$74.92		\$105.76	\$59.18	\$42.95	\$56.41	\$21.18	\$16.66	\$93.23	\$66.03	\$88.59	\$158.16
Part				58600 Division of Fallopian Tube	2	3			\$240.00	\$278.98	\$214.43			\$398.31	\$398.31			\$224.68	\$248.51	\$308.98	\$352.35	\$352.35	\$352.35	
Part   Control					2	3																		
Sept Learning Controller (2) 3   20.0000   20.000   20.000   20.000   20.000   20.000   20.000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000   20.0000					2	3																		
Sept						3																		
Part						3																		
Description   Description   1   3   Description   Description   1   3   Description   Description   Description   1   3   Description   Description   Description   1   3   Description   Descriptio				1 12		_								\$277.32	\$277.32						\$353.89	\$353.89	\$353.89	
Page					1	Ü																		
Seed Term					1	3								MDY	MO									
Sour Team					1	3				\$556.06	\$444.59				1411			\$588.38	\$566.93	\$624.33				
Part		0								****	****	****	4/0.14	MP.				+75.07		****				
Processor   Processor   1   3   3   53.50		Snort Term				3	1					\$90.91	\$60.41	610/ 4							6120.11	601.00	6110 (2	
Page					1	3										-					\$139.11	\$91.98	\$118.02	
Part   Constitions   Constition   Constiti					1	·									1411			\$00.00				-		
September   Proceed   Pr					1		1 1					1	<b> </b>			1	<b> </b>		φ30.1Z	φ33.4 I		<del>                                     </del>	-	
Service   Marring Aid Regular and Machination   Service   Servic					1	·													-	\$20.00				
Hearing All Pearly All Registers of Health Conference (1974) All Registers (1974) All Registe					9	3																	-	
Marray Ade	Hearing Aid Repair	Hearing Aid Renair and M	Modification		0	3												\$350.00	- t					
Propertion   Pro	and Modification	, ,	TO GRIDGE TO THE PARTY OF THE P	3 1 3		, i									<b>†</b>				\$575.00	\$450.00			-	\$03.07
Procedure Come   Proc		ricanig rias			9	3												\$ 100.00						\$2,217,60
Final Modes of Care Page 1 and Section 1 3 553.0 558.00 559.00 55	Hospital Care	Discharge Services			1	3								\$53.04	\$53.04	\$44.44	\$44.44	\$44.44			\$68.74	\$68.74	\$68.74	
Final Hospital Case	riospitar ouro	District go Sorvices			1	3																		
PROFIT PROPRIES   PROPRIES   1   3   596.22   591.06   572.08   596.06   572.08   596.06   572.08   596.06   572.08   596.06   572.08   596.06		Initial Hospital Care			1	3																		
Papelier Consultations   1   3   535.04   531.09   536.07					1	3				\$81.06						\$82.56								\$196.43
9925 Ingelieric Censulation 1 3 547 pc 1 553.33 545.05 585				99223 Initial Hospital Care	1	3			\$112.00	\$113.40	\$106.23			\$139.52	\$139.52	\$121.62	\$121.62	\$121.62	\$46.00	\$153.63	\$191.88	\$191.88	\$191.88	\$308.96
Possible for Consultation 1 3 572.0 514.06 586.65 587.38 587.38 587.38 587.0 580.0 580.06 580.0 519.67.7 580.0 580.06 580.0 519.67.7 580.0 580.06 580.0 519.67.7 580.0 580.0 580.0 519.67.7 580.0 580.		Inpatient Consultations		99251 Inpatient Consultation	1	3			\$35.84	\$31.98	\$27.96			\$36.67	\$36.67			\$32.63	\$27.86	\$34.79				\$102.91
9925 Ingolater Consultation 1 3   \$873.6   \$105.10   \$940.0   \$135.69   \$115.69   \$115.69   \$115.60   \$138.63   \$138				99252 Inpatient Consultation	1	3			\$47.04	\$53.33	\$45.05			\$58.90	\$58.90			\$50.48	\$42.11	\$70.12				\$138.70
## Notestand Care   Microstret Critical Care   Microstret Care   M				99253 Inpatient Consultation	1	3			\$72.80	\$74.36	\$66.65			\$87.38	\$87.38			\$76.71	\$45.00	\$96.06				\$195.77
Processive Critical Care   Proceedings   Processing   P					1	3																		
Page   Critical Care, Addil 30 Min					1	3								\$156.96										
Emergency Department Services 9928 Emergency Depart Visit 1 3 5 516 to 514.86 511.78 515.57 515.57 515.57 515.00 515.30 515.40 516.20 520.76 520.77 5		Intensive/Critical Care	Critical Care		1									)										
Services 9928 Emergency Dept Visit 1 3 524.66 522.67 529.63 529.65 526.54 526.55 5170 526.76 540.58					1	3						\$92.35	\$83.91											
99283 Emergancy Dept Visit 1 3 5 \$40.02 \$44.80 \$36.77 \$458.00 \$440.00					1	3																		
9928 Emergency Depl Visit 1 3 560.48 \$76.91 \$66.673 \$87.79 \$87.79 \$76.77 \$76.77 \$76.77 \$76.70 \$92.00 \$93.87 \$116.28 \$116.28 \$117.68 \$116.28 \$117.68 \$116.28 \$116.28 \$117.69 \$177.45 \$176.28 \$116.28 \$1			Services		1	3																		
99285 Emergency Dept Visit 1 3 3 \$94.08 \$116.98 \$99.93 \$131.19 \$131.19 \$131.19 \$131.15 \$114.35 \$14.35 \$92.55 \$146.86 \$177.45 \$177.45 \$226.840 \$177.45					1	3																		
Neonatal/Pediatric   99468 Neonate Crit Care, Initial   1   3   \$5512.70   \$694.78   \$786.48   \$693.09   \$5893.07   \$582.37   \$582.37   \$582.37   \$582.07   \$899.74   \$899.74   \$899.74   \$199.71   \$949.71   \$404.70   \$946.00   \$104.00				5 7 .	1	3																		
9469 Neonate Crit Care, Subsq 1 3 5225.79 5302.87 5344.16 5297.41 5297.41 5297.41 5255.52 5255.52 5255.52 5214.66 5402.58 5303.31 5390			Moonatal/Dediatric		1																			
99471 Ped Critical Care, Initial 1 3 \$ \$457.51 \$614.22 \$704.55 \$ \$603.47 \$603.47 \$508.13 \$518.			reconditair ediatric		1																			
99472 Ped Critical Care, Subsq 1 3 \$227.09 \$304.58 \$348.06 \$299.36 \$299.36 \$257.14 \$257.14 \$218.37 \$399.98 \$391.76 \$39					1	-																		
99475 Ped Crit Care Age 2.5, Init 1 3 \$ \$34.98 \$363.90 \$484.53 \$411.62 \$411.62 \$4357.64 \$3357.64 \$3357.64 \$336.92 \$258.81 \$541.63 \$541.63 \$541.63 \$541.63 \$541.63 \$947.71 \$1094 Posp Neonate Care = 1 3 \$ \$189.07 \$220.71 \$261.31 \$260.65 \$20.66 \$226.92 \$225.92 \$236.92 \$226.					1	-																		
99476 Ped Crit Care Age 2.5, Subsq 1 3 \$188.00 \$216.50 \$287.97 \$245.13 \$245.13 \$213.47 \$213.47 \$213.47 \$182.25 \$153.60 \$325.00					1	3																		
99477 Init Day Hosp Neonate Care 1 3 5169.97 \$220.71 \$261.31 \$260.26 \$226.02 \$226.92 \$226.92 \$226.92 \$319.95 \$163.09 \$345.25 \$345.25 \$345.25 \$639.10 \$9478 lc, Lbw Inf 1500 Gm Subsq 1 3 \$816.07 \$108.96 \$125.67 \$106.57 \$106.57 \$390.6 \$782.0					1																			
99478 Ic, Lbw Inf < 1500 Gm Subsq 1 3 \$81.67 \$108.96 \$125.67 \$108.96 \$125.67 \$106.57 \$92.06 \$92.06 \$78.84 \$141.65 \$140.78 \$140.78 \$140.78 \$227.15 \$94.00 \$140.78 \$140.					1	3			\$169.97	\$220.71	\$261.31			\$260.26	\$260.26	\$226.92			\$191.95	\$163.09	\$345.25	\$345.25	\$345.25	\$639.10
99479 ic. Lbw Ind 1500-2500 G Subsq 1 3 \$71.66 \$97.81 \$110.15 \$98.60 \$98.60 \$81.11 \$81.11 \$69.76 \$129.41 \$124.49 \$124.49 \$124.49 \$255.67 \$99.60 ind Pbw 2501-5000 G Subsq 1 3 \$56.87 \$90.24 \$105.94 \$95.02 \$95.02 \$78.01 \$78.01 \$78.01 \$78.01 \$568.48 \$56.39 \$119.66 \$119.66 \$119.66 \$273.43 \$105.94 \$9217 Observation Care Incidence 1 3 \$3.00 \$48.42 \$40.70 \$53.25 \$53.25 \$44.56 \$4			1		1	3	1 1		\$81.67	\$108.96	\$125.67			\$106.57	\$106.57							\$140.78	\$140.78	\$287.15
Observation Care         99217 Observation Care Discharge         1         3         \$33.60         \$48.42         \$40.70         \$53.25         \$53.25         \$54.56         \$44.56         \$34.47         \$69.12         \$68.91         \$68.91         \$68.91         \$68.91         \$112.41           99218 Observation Care         1         3         \$37.84         \$46.85         \$38.15         \$50.01         \$50.01         \$42.08         \$42.08         \$42.08         \$38.18         \$65.82         \$64.31         \$64.31         \$64.31         \$93.42           99219 Observation Care         1         3         \$60.02         \$77.14         \$62.98         \$82.66         \$69.70         \$69.70         \$60.89         \$109.46         \$107.05         \$107.05         \$167.72           99220 Observation Care         1         3         \$84.00         \$106.75         \$88.83         \$116.34         \$97.74         \$97.74         \$70.99         \$153.83         \$107.05         \$107.05         \$107.72           99234 Observilvor Same Date         1         3         \$105.29         \$118.22         \$101.13         \$132.39         \$111.98         \$111.98         \$171.92         \$171.92         \$171.92         \$171.92         \$269.98					1	3			\$71.66	\$97.81	\$110.15			\$98.60	\$98.60	\$81.11	\$81.11	\$81.11	\$69.76	\$129.41	\$124.49	\$124.49	\$124.49	\$255.67
99218 Observation Care 1 3 \$ \$37.84 \$46.85 \$38.15 \$ \$50.01 \$50.01 \$42.08 \$42.08 \$42.08 \$38.18 \$65.82 \$64.31 \$64.31 \$93.42 \$99219 Observation Care 1 3 \$ \$60.02 \$77.14 \$62.98 \$82.66 \$82.66 \$82.66 \$89.70 \$69.70 \$69.70 \$60.89 \$109.46 \$107.05			1	99480 lc Inf Pbw 2501-5000 G Subsq	1	3			\$68.95	\$80.24	\$105.94			\$95.02	\$95.02	\$78.01	\$78.01	\$78.01	\$65.84	\$56.39	\$119.66	\$119.66	\$119.66	\$273.43
99219 Observation Care 1 3 \$ \$60.02 \$77.14 \$62.98 \$82.66 \$88.266 \$89.70 \$69.70 \$69.70 \$60.89 \$109.46 \$107.05 \$		Observation Care	•	99217 Observation Care Discharge	1	3			\$33.60	\$48.42	\$40.70			\$53.25	\$53.25	\$44.56	\$44.56	\$44.56	\$34.47	\$69.12	\$68.91	\$68.91	\$68.91	\$112.41
99220 Observation Care 1 3 \$84.00 \$106.75 \$88.83 \$116.34 \$116.34 \$97.74				99218 Observation Care	1	3				\$46.85	\$38.15				\$50.01	\$42.08	\$42.08	\$42.08	\$38.18	\$65.82		\$64.31	\$64.31	
99234 ObserviHosp Same Date 1 3 \$75.95 \$87.27 \$76.75 \$100.55 \$100.55 \$85.18 \$85.18 \$85.18 \$41.69 \$132.20 \$130.83 \$130.83 \$130.83 \$203.34 \$99235 ObserviHosp Same Date 1 3 \$105.29 \$118.22 \$101.13 \$132.39 \$132.39 \$131.98 \$111.98 \$111.98 \$111.98 \$171.08 \$171.09 \$171.92 \$171.92 \$171.92 \$269.98				99219 Observation Care	1	3																		
99235 Observ/Hosp Same Date 1 3 \$105.29 \$118.22 \$101.13 \$132.39 \$132.39 \$131.98 \$111.98 \$111.98 \$111.98 \$171.92 \$171.92 \$171.92 \$171.92 \$269.98					1	3																		
					1	3	$oxed{oxed}$																	
99236 ObserviHosp Same Date 1 3   \$126.58 \$138.03 \$126.05   \$165.21 \$165.21 \$139.22 \$139.22 \$139.22 \$41.69 \$217.97 \$213.53 \$213.53 \$213.53 \$319.25					1	3	1																	
	1			99236 Observ/Hosp Same Date	1 1	3			\$126.58	\$138.03	\$126.05	l	l	\$165.21	\$165.21	\$139.22	\$139.22	\$139.22	\$41.69	\$217.97	\$213.53	\$213.53	\$213.53	\$319.25

Appendix C: Rates for Physician & Professional Services

							l								Post	ed Rates							
Service Group	Service Sub-Group1	Service Sub-Group2	Procedure w Code	Type of Service Code			Mod2	NH <sup>1</sup>	Avg - Other NE States	CT <sup>2</sup>	MA Non- Facility <sup>3</sup>	MA Facility <sup>3</sup>	MA Global <sup>3</sup>	Adjusted MA Rate Used	ME Non- Facility <sup>4</sup>	ME Facility <sup>4</sup>	Adjusted ME Rate Used	RI <sup>5</sup>	VT <sup>6</sup>	Medicare - NH Non- Facility <sup>7</sup>	Medicare - NH Facility <sup>7</sup>	Adjusted Medicare NH Rate Used	All Comm Total Allowed per Unit <sup>8</sup>
	Subsequent Hospital Care	9	99231 Subsequent Hospital Care	1	3			\$24.64	\$25.17	\$21.83			\$28.75	\$28.75	\$24.97	\$24.97	\$24.97	\$17.00	\$33.28	\$38.28	\$38.28	\$38.28	\$64.32
			99232 Subsequent Hospital Care	1	3			\$33.60	\$43.91	\$39.01			\$51.26	\$51.26	\$45.06	\$45.06	\$45.06	\$29.72	\$54.52	\$69.52	\$69.52	\$69.52	\$113.83
			99233 Subsequent Hospital Care	1	3			\$47.04	\$60.11	\$55.67			\$73.13	\$73.13	\$64.54	\$64.54	\$64.54	\$29.72	\$77.47	\$99.80	\$99.80	\$99.80	\$175.64
Immune Globulins			90378 RSV, Mab, Im, 50mg	1	3			\$671.10	\$756.81				MP'				\$756.81						\$1,151.09
			90384 Rh Ig, Full-Dose, Im	1	3			\$126.14	\$84.52	\$50.31			MP'				\$113.50		\$89.76				\$140.66
Immunizations and	Administration		90465 Immune Admin 1 Inj, < 8 Yrs	1	3			\$6.20	\$11.46	\$12.52			\$16.19	\$16.19			\$13.43	\$8.16	\$7.01	\$22.15	\$22.15	\$22.15	\$25.59
Injections			90466 Immune Admin Addl Inj, < 8 Y	1	3			\$3.26	\$6.45	\$6.45	\$8.51	\$7.86		\$8.48			\$6.84	\$3.68	\$6.80	\$11.06	\$8.00	\$10.93	\$14.78
			90467 Immune Admin O or N, < 8 Yrs	1	3			\$3.00	\$8.27	\$7.93	\$10.35	\$7.75		\$10.31	\$8.93	\$8.93	\$8.93	\$8.16	\$6.00	\$14.87	\$9.89	\$14.79	\$18.66
			90468 Immune Admin O/N, Addl < 8 Y	1	3			\$3.00	\$6.52	\$5.95	\$7.86	\$5.91		\$7.51	\$9.45	\$9.45	\$9.45	\$3.68	\$6.00	\$10.68	\$7.62	\$10.12	\$13.9
			90471 Immunization Admin	1	3			\$3.05	\$11.46	\$12.52			\$16.19	\$16.19			\$13.43	\$8.16	\$7.01	\$22.15	\$22.15	\$22.15	\$22.29
			90472 Immunization Admin, Each Add	1	3			\$5.00	\$6.30	\$6.45	\$8.51	\$7.86		\$8.51			\$6.84	\$3.68	\$6.00	\$11.06	\$8.00	\$11.05	\$13.6
			90473 Immune Admin Oral/Nasal	1	3			\$3.00	\$8.71	\$8.18	\$10.67	\$6.78		\$10.64	\$8.93	\$8.93	\$8.93	\$8.16	\$7.64	\$14.87	\$8.35	\$14.82	\$16.35
			90474 Immune Admin Oral/Nasal Addl	1	3			\$5.00	\$5.10	\$5.43	\$7.21	\$5.91		\$7.21	\$5.94	\$5.94	\$5.94	\$3.68	\$3.23	\$9.53	\$7.62	\$9.53	\$13.28
Methadone Treatm	ent		H0020 Alcohol &/or Drug Services	1	3			\$10.22	\$62.40				\$10.21	\$10.21			\$72.00		\$105.00				\$81.25
Neurology and	Routine Electroencephalo	graphy (EEG)	95816 EEG, Awake & Drowsy	1	3			\$58.00	\$109.73	\$129.74			\$165.84	\$165.84	\$136.12	\$136.12	\$136.12	\$55.20	\$61.74	\$251.56	\$251.56	\$251.56	\$348.72
Neuromuscular			95819 EEG, Awake & Asleep	1	3			\$90.00	\$112.34	\$121.05			\$154.81	\$154.81	\$146.04	\$146.04	\$146.04	\$42.00	\$97.78	\$275.52	\$275.52	\$275.52	\$342.66
Procedures			95816 EEG, Awake & Drowsy	1	3	26		\$29.00	\$40.08					\$44.25	\$35.90	\$35.90	\$35.90			\$54.68	\$54.68	\$54.68	\$110.48
			95819 EEG, Awake & Asleep	1	3	26		\$40.50	\$40.08					\$44.25	\$35.90	\$35.90	\$35.90			\$54.51	\$54.51	\$54.51	\$115.10
	Sleep Testing		95810 Polysomnography, 4 or More	1	3			\$153.78	\$435.61	\$531.05			\$677.57	\$677.57	\$483.30	\$483.30	\$483.30	\$205.99	\$280.12	\$787.21	\$787.21	\$787.21	\$1,279.39
			95811 Polysomnography w CPAP	1	3			\$299.83	\$486.90	\$582.33			\$743.10	\$743.10	\$532.53	\$532.53	\$532.53	\$282.56	\$294.00	\$868.93	\$868.93	\$868.93	\$1,354.34
			95808 Polysomnography, 1-3	5	3	26		\$64.80	\$94.56					\$103.00			\$86.11			\$130.49	\$130.49	\$130.49	\$235.37
			95810 Polysomnography, 4 or More	1	3	26		\$92.27	\$124.56					\$135.59	\$113.53	\$113.53	\$113.53			\$171.34	\$171.34	\$171.34	\$306.58
			95811 Polysomnography w CPAP	1	3	26		\$137.92	\$133.90					\$145.74	\$122.05	\$122.05	\$122.05			\$184.70	\$184.70	\$184.70	\$326.96
Newborn Care	Circumcision		54150 Circumcision w Regionl Block	2	3			\$80.00	\$70.04	\$80.07	\$103.73	\$90.42		\$90.54	\$116.87	\$95.52	\$95.72	\$25.20	\$58.66	\$172.18	\$101.30	\$101.96	\$198.30
Services			54160 Circumcision, Neonate	2	3			\$80.00	\$86.19	\$157.49	\$202.78	\$110.60		\$114.15	\$154.31	\$98.62	\$100.76	\$25.20	\$33.33	\$240.02	\$151.14	\$154.56	\$250.19
			54161 Circum 28 Days or Older	2	3			\$82.50	\$111.91	\$115.58			\$150.44	\$150.44	\$133.71	\$133.71	\$133.71	\$67.20	\$92.60	\$205.60	\$205.60	\$205.60	\$196.17
	Delivery/Birthing Room Al Services	ttendance & Resuscitation	99464 Attendance at Delivery	1	3			\$42.05	\$59.76	\$64.07			\$56.30	\$56.30	\$66.22	\$66.22	\$66.22	\$39.84	\$72.35	\$72.63	\$72.63	\$72.63	\$130.29
	Discharge Services		99463 Same Day NB Discharge	1	3			\$44.98	\$68.19	\$68.79			\$86.19	\$86.19	\$63.80	\$63.80	\$63.80	\$42.52	\$79.66	\$78.55	\$78.55	\$78.55	\$132.97
	Normal Newborn		99460 Init NB Em Per Day, Hosp	1	3			\$33.46	\$51.93	\$51.09			\$63.30	\$63.30	\$54.04	\$54.04	\$54.04	\$31.99	\$59.25	\$58.00	\$58.00	\$58.00	\$97.50
			99462 Sbsq NB Em Per Day, Hosp	1	3			\$17.89	\$26.38	\$27.23			\$33.55	\$33.55	\$22.75	\$22.75	\$22.75	\$17.13	\$31.22	\$31.03	\$31.03	\$31.03	\$51.05
	Postnatal Home Visit		99502 Home Visit, NB Care	9	3			\$40.00	\$70.00				MP*					\$70.00					\$60.67
Noninvasive Vascu	ılar Diagnostic Studies		93970 Extremity Study	1	3			\$120.00	\$127.55	\$125.97			\$204.95	\$204.95			\$116.08	\$48.00	\$142.77	\$195.81	\$195.81	\$195.81	\$502.95
			93971 Extremity Study	1	3			\$76.80	\$92.33	\$80.21			\$137.80	\$137.80			\$77.63	\$48.00	\$118.01	\$124.16	\$124.16	\$124.16	\$314.75
			93970 Extremity Study	1	3	26		\$24.00	\$25.00				\$204.95	\$26.90			\$23.10			\$34.74	\$34.74	\$34.74	\$67.31
			93971 Extremity Study	1	3	26		\$61.44	\$16.54				\$137.80	\$17.73			\$15.34			\$23.23	\$23.23	\$23.23	\$41.70
Nursing Facility	Initial		99304 Nursing Facility Care, Init	1	3			\$37.99	\$48.22	\$37.65			\$49.24	\$49.24	\$53.89	\$53.89	\$53.89	\$35.91	\$64.43	\$85.93	\$85.93	\$85.93	\$103.10
Services			99305 Nursing Facility Care, Init	1	3			\$50.42	\$64.78	\$49.98			\$65.35	\$65.35	\$75.40	\$75.40	\$75.40	\$47.68	\$85.49	\$120.62	\$120.62	\$120.62	\$145.28
			99306 Nursing Facility Care, Init	1	3			\$61.19	\$80.46	\$61.32			\$80.21	\$80.21	\$96.92	\$96.92	\$96.92	\$58.41	\$105.44	\$154.42	\$154.42	\$154.42	\$188.29
	Subsequent		99307 Nursing Fac Care, Subseq	1	3			\$19.66	\$24.75	\$19.69			\$25.70	\$25.70	\$26.55	\$26.55	\$26.55	\$18.58	\$33.23	\$41.56	\$41.56	\$41.56	\$51.02
			99308 Nursing Fac Care, Subseq	1	3			\$32.56	\$40.36	\$32.62			\$42.62	\$42.62	\$40.61	\$40.61	\$40.61	\$30.75	\$55.18	\$63.93	\$63.93	\$63.93	\$84.37
			99309 Nursing Fac Care, Subseq	1	3			\$45.87	\$56.05	\$45.69			\$59.65	\$59.65	\$53.86	\$53.86	\$53.86	\$43.34	\$77.73	\$84.23	\$84.23	\$84.23	\$107.17
			99310 Nursing Fac Care, Subseq	1	3			\$57.44	\$72.64	\$57.17			\$74.78	\$74.78	\$79.71	\$79.71	\$79.71	\$54.28	\$97.25	\$124.75	\$124.75	\$124.75	\$158.07
Obstetrics	Antepartum Care,	Cesarean Delivery	59510 Cesarean Delivery	2	3			\$1,200.00	\$1,812.18	\$3,373.59			\$2,309.68	\$2,309.68	\$1,235.46	\$1,235.46	\$1,235.46	\$815.00	\$1,327.16	\$1,922.77	\$1,922.77	\$1,922.77	\$3,102.62
	Delivery, Postpartum Care	е	59514 Cesarean Delivery Only	2	3			\$659.26	\$945.85	\$1,708.74			\$1,006.12	\$1,006.12	\$654.82	\$654.82	\$654.82	\$428.40	\$931.18	\$854.03	\$854.03	\$854.03	\$1,655.64
			59515 Cesarean Delivery	2	3			\$788.55	\$1,049.89	\$1,940.65			\$1,182.80	\$1,182.80	\$709.79	\$709.79	\$709.79	\$450.00	\$966.23	\$1,021.48	\$1,021.48	\$1,021.48	\$1,828.4
		Delivery After Previous	59610 VBAC Delivery	2	3	<u> </u>		\$1,200.00	\$1,444.91	\$1,083.55			\$2,138.92	\$2,138.92	\$1,230.00	\$1,230.00	\$1,230.00		\$1,327.16	\$1,787.17	\$1,787.17	\$1,787.17	\$3,111.4
		Cesarean Delivery	59612 VBAC Delivery Only	2	3			\$623.97	\$763.86	\$518.37			\$955.89	\$955.89	\$650.00	\$650.00	\$650.00		\$931.18	\$807.96	\$807.96	\$807.96	
		1	59614 VBAC Care After Delivery	2	3			\$702.68	\$780.58	\$578.33			\$1,066.78	\$1,066.78	\$700.00	\$700.00	\$700.00	\$591.54	\$966.23	\$910.12	\$910.12	\$910.12	\$1,399.6
			59618 Attempted VBAC Delivery	2	3	ļ	$\sqcup$	\$1,200.00	\$1,440.43	\$1,227.14		ļ	\$2,422.24	\$2,422.24	\$1,275.15	\$1,275.15	\$1,275.15	\$950.47	\$1,327.16	\$2,008.05	\$2,008.05	\$2,008.05	\$3,480.7
			59620 Attempted VBAC Delivery Only	2	3	ļ	$\sqcup$	\$965.00	\$782.51	\$596.67		ļ	\$1,100.58	\$1,100.58	\$654.82	\$654.82	\$654.82	\$629.31	\$931.18	\$938.17	\$938.17	\$938.17	\$2,186.8
			59622 Attempted VBAC After Care	2	3			\$854.44	\$868.29	\$695.58			\$1,283.21	\$1,283.21	\$722.34	\$722.34	\$722.34	\$674.10	\$966.23	\$1,106.76	\$1,106.76	\$1,106.76	
		Surgical Assistance	59510 Cesarean Delivery	8	3	ļ	lacksquare	\$240.00	\$585.04	\$1,170.07					\$1,235.46	\$1,235.46	\$1,235.46						
			59514 Cesarean Delivery Only	8	3	1	$oldsymbol{\sqcup}$	\$131.85	\$272.79	\$545.57									ļ				\$269.23
			59515 Cesarean Delivery	8	3	1	<b>—</b>	\$193.00	\$320.45	\$640.90													
I	1		59620 Attempted VBAC Delivery Only	8	3			\$193.00						l									l

Appendix C: Rates for Physician & Professional Services

															Post	ed Rates							
Service Group	Service Sub-Group1	Service Sub-Group2	Procedure w Code	Type of Service Code			Mod2	NH <sup>1</sup>	Avg - Other NE States	CT <sup>2</sup>	MA Non- Facility <sup>3</sup>	MA Facility <sup>3</sup>	MA Global <sup>3</sup>	Adjusted MA Rate Used	ME Non- Facility <sup>4</sup>	ME Facility <sup>4</sup>	Adjusted ME Rate Used	RI <sup>5</sup>	VT <sup>6</sup>	Medicare - NH Non- Facility <sup>7</sup>	Medicare - NH Facility <sup>7</sup>	Adjusted Medicare NH Rate Used	All Comm Total Allowed per Unit <sup>8</sup>
		Vaginal Delivery	59400 Obstetrical Care	2	3			\$1,200.00	\$1.678.05	\$2,972.89			\$2,045.18	\$2,045.18	\$1,230.00	\$1,230.00	\$1,230.00	\$815.00	\$1,327.16	\$1.698.99	\$1.698.99	\$1,698,99	9 \$2,769.35
			59409 Obstetrical Care	2	3			\$555.71	\$861.87	\$1,448.03			\$851.74	\$851.74	\$650.00	\$650.00	\$650.00	\$428.40	\$931.18	\$719.57	\$719.57	\$719.57	7 \$238.16
			59410 Obstetrical Care	2	3			\$651.85	\$944.05	\$1,623.85			\$980.17	\$980.17	\$700.00	\$700.00	\$700.00	\$450.00	\$966.23	\$844.18	\$844.18	\$844.18	8 \$1,453.92
			59412 Antepartum Manipulation	2	3			\$75.00	\$51.32	\$62.22			\$80.05	\$80.05	\$63.92	\$63.92	\$63.92	\$50.40		\$97.54	\$97.54	\$97.54	4 \$169.95
			59414 Deliver Placenta	2	3			\$56.40	\$76.47	\$55.20			\$101.75	\$101.75	\$80.44	\$80.44	\$80.44	\$62.75	\$82.21	\$86.06	\$86.06	\$86.06	6 \$129.28
			59425 Antepartum Care Only	2	3			\$250.00	\$281.12	\$697.46	\$472.68	\$361.16	5		\$267.91	\$267.91	\$267.91	\$108.00	\$37.89	\$433.79	\$339.55	\$424.49	9 \$585.91
			59426 Antepartum Care Only	2	3			\$290.00	\$474.29	\$1,233.79	\$843.56	\$637.70	)		\$479.40	\$375.69	\$467.22	\$151.20	\$37.89	\$778.42	\$602.57	\$757.76	6 \$1,032.38
			59430 Care After Delivery	2	3			\$20.00	\$106.42	\$237.29	\$153.56	\$139.15	ō	\$149.64	\$85.69	\$77.80	\$83.54	\$21.60	\$37.90	\$131.45	\$118.05	\$127.80	0 \$221.98
	Fetal Non-Stress Test		59025 Fetal Non-Stress Test	1	3	TC		\$5.00	\$11.79				\$14.09	\$14.09	\$9.49	\$9.49	\$9.49			\$16.26	\$16.26	\$16.26	6 \$19.96
			59025 Fetal Non-Stress Test	1	3	26		\$20.00	\$26.38				\$33.92	\$33.92	\$18.83	\$18.83	\$18.83			\$27.97	\$27.97	\$27.97	
			59025 Fetal Non-Stress Test	1	3			\$25.00	\$38.55	\$75.73			\$48.01	\$48.01	\$28.32	\$28.32	\$28.32	\$26.01	\$14.70	\$44.23	\$44.23	\$44.23	
Optometric/Ophtha	I Eye Exams		92002 Eye Exam, New Patient	1	3			\$41.08	\$39.76	\$43.03			\$51.89	\$51.89	\$44.11	\$44.11	\$44.11	\$28.07	\$31.72	\$72.76	\$45.94	\$72.59	9 \$71.49
mology			92004 Eye Exam, New Patient	1	3			\$74.03	\$61.94	\$77.35			\$67.16	\$67.16	\$83.42	\$83.42	\$83.42	\$28.07	\$53.71	\$136.07	\$95.84	\$134.76	
			92012 Eye Exam Established Pat	1	3	1		\$37.70	\$36.99	\$39.75			\$43.46	\$43.46	\$46.47	\$46.47	\$46.47	\$28.07	\$27.19	\$76.53	\$49.33	\$76.16	6 \$78.57
			92014 Eye Exam & Treatment	1	3	1		\$55.67	\$48.60	\$58.47			\$49.38	\$49.38	\$68.01	\$68.01	\$68.01	\$28.07	\$39.08	\$111.78	\$75.39	\$110.95	5 \$96.06
	Fitting of Spectacles		92340 Fitting of Spectacles	9	3	1		\$30.00	\$22.69	\$20.90			\$27.83	\$27.83	\$17.70	\$17.70	\$17.70	\$18.00	\$29.00			<u> </u>	\$28.64
			92341 Fitting of Spectacles	1	3			\$37.50	\$25.41	\$24.20			\$34.35	\$34.35	\$16.00	\$16.00	\$16.00	\$20.00	\$32.50			<b></b>	\$34.72
	01 0 1 10		92342 Fitting of Spectacles	1	3			\$16.00	\$28.27	\$38.50			\$34.35	\$34.35	\$16.00	\$16.00	\$16.00	\$20.00	\$32.50			<b></b>	
	Other Services and Proce	edures	99173 Visual Acuity Screen	1	3			\$5.00	\$11.44	\$7.60			\$22.22	\$22.22					\$4.50			<b></b>	\$8.81
	Refraction		92015 Refraction	1	3			\$20.70	\$15.35	\$42.72			\$12.35	\$12.35	\$5.53	\$5.53	\$4.50		\$17.20			<b></b>	\$31.51
	Special Eye Evaluation		92060 Special Eye Evaluation	1	3			\$21.00	\$27.86	\$33.76					\$35.15	\$35.15	\$35.15	\$18.99	\$23.52	\$57.75	\$57.75	\$57.75	5 \$58.16
	Visual Field Examination		92081 Visual Field Examination(s)	1	3			\$29.93	\$23.60	\$31.88			\$21.32	\$21.32	\$30.76	\$30.76	\$30.76	\$12.00	\$22.05	\$52.10	\$52.10	\$52.10	0 \$64.63
			92082 Visual Field Examination(s)	1	3			\$27.00	\$36.87	\$41.61			\$56.14	\$56.14	\$40.66	\$40.66	\$40.66	\$18.00	\$27.93	\$69.77	\$69.77	\$69.77	7 \$65.08
			92083 Visual Field Examination(s)	1	3	<u> </u>		\$35.00	\$47.27	\$47.85			\$82.48	\$82.48	\$46.47	\$46.47	\$46.47	\$22.80	\$36.75	\$79.48	\$79.48	\$79.48	8 \$78.25
Personal Care			T1019 Personal Care Ser Per 15 Min	9	3	70.0		\$4.38	47.00					47.00								——	105.0
	ım Home Visit Program		T1027 Family Training & Counseling	9	3	TH		\$15.00	\$7.23	415.01	***	***	\$7.23	\$7.23	450.03	450.00	450.00	407.00	471.05			——	\$25.00
Primary Care	Established Patient		99391 Per Pm Reeval, Est Pat, Inf	1	3	-	-	\$62.07	\$53.16	\$45.86	\$60.36	\$39.92		\$57.72	\$58.37	\$58.37	\$58.37	\$27.00	\$76.85			<b>├</b>	\$124.61
Preventive Evaluation and			99392 Prev Visit, Est, Age 1-4	1	3	-	-	\$62.07 \$62.07	\$57.39 \$56.94	\$51.25 \$50.55	\$67.14	\$46.70 \$46.70		\$64.25 \$63.82	\$58.37 \$58.37	\$58.37 \$58.37	\$58.37 \$58.37	\$27.00 \$27.00	\$86.06 \$84.96			<b>├</b>	\$137.45 \$137.15
Management			99393 Prev Visit, Est, Age 5-11 99394 Prev Visit, Est, Age 12-17	1	3	+	1	\$62.07	\$50.94	\$50.55	\$66.49 \$73.06	\$46.70 \$53.26	<u> </u>	\$70.33	\$58.37	\$58.37	\$58.37	\$27.00	\$93.97			├──	\$137.13
wanagement			99395 Prev Visit, Est, Age 12-17	1	3	-	-	\$40.32	\$61.55	\$56.45	\$73.00	\$53.26		\$70.33	\$58.74	\$58.74	\$58.37	\$27.00	\$95.97			<b>├</b> ──	\$150.92
			99396 Prev Visit, Est, Age 40-64	1	3			\$40.32	\$64.72	\$62.30	\$81.13	\$60.04	1	\$70.64	\$58.74	\$58.74	\$58.37	\$27.00	\$105.01			<del></del>	\$155.26
			99397 Per Pm Reeval Est Pat 65+ Yr	1	3			\$40.32	\$69.63	\$68.64	\$89.92	\$67.20		\$84.65	\$58.74	\$58.74	\$58.37	\$20.64	\$115.86			<del></del>	\$100.30
	New Patient		99381 Init Pm E/M, New Pat, Inf	1	3			\$44.80	\$66.97	\$60.75	\$77.85	\$46.70		\$73.96	\$62.06	\$62.06	\$62.06	\$37.00	\$101.10			<del></del>	\$153.70
	IVOW I ducin		99382 Init Pm E/M, New Pat 1-4 Yrs	1	3	1		\$44.80	\$70.50	\$65.26	\$83.77	\$53.26		\$79.19	\$62.06	\$62.06	\$62.06	\$37.00	\$109.01			<del>                                     </del>	\$165.16
			99383 Prev Visit, New, Age 5-11	1	3			\$44.80	\$69.48	\$63.87	\$82.47	\$53.26		\$77.66	\$62.06	\$62.06	\$62.06	\$37.00	\$106.81				\$161.89
			99384 Prev Visit, New, Age 12-17	1	3			\$47.04	\$74.80	\$69.25	\$89.25	\$60.04		\$84.66	\$62.06	\$62.06	\$62.06	\$42.00	\$116.01				\$177.46
			99385 Prev Visit, New, Age 18-39	1	3			\$40.32	\$71.85	\$69.25	\$89.25	\$60.04		\$85.30	\$61.43	\$61.43	\$61.43	\$27.24	\$116.01				\$180.79
			99386 Prev Visit, New, Age 40-64	1	3			\$40.32	\$81.51	\$81.21	\$104.16	\$73.65		\$98.99	\$63.32	\$63.32	\$63.32	\$27.24	\$136.81				\$209.90
			99387 Init Pm E/M, New Pat 65+ Yrs	1	3			\$40.32	\$88.14	\$88.01	\$113.27	\$80.49		\$111.16	\$65.89	\$65.89	\$65.89	\$27.24	\$148.40				\$186.25
Private Duty Nursin	nq		S9123 Nursing Care in Home Rn	9	3			\$41.58															\$57.12
	-		S9124 Nursing Care, in the Home; B	9	3			\$38.29															1
Psychiatry/Psychol	Central Nervous System	Assessments/Tests	96101 Psycho Testing by Psych/Phys	1	3			\$55.88	\$70.56	\$78.13	\$70.41	\$69.76		\$70.40			\$79.20	\$52.84	\$72.24	\$84.38	\$83.99	\$84.38	8 \$83.39
ogy	•		96118 Neuropsych Tst by Psych/Phys	1	3			\$75.04	\$81.33	\$73.17	\$94.96	\$72.56		\$92.93	\$70.84	\$64.40	\$70.26	\$70.80	\$99.47	\$103.15	\$83.61	\$101.38	8 \$118.81
	Office Visit		90804 Psytx, Office, 20-30 Min	1	3			\$32.50	\$39.03	\$38.26	\$50.05	\$44.54		\$50.00	\$45.01	\$38.63	\$44.95	\$31.17	\$30.76	\$68.30	\$56.64	\$68.19	9 \$48.27
			90804 Psytx, Office, 20-30 Min	9	3			\$32.50	\$39.03	\$38.26	\$50.05	\$44.54		\$50.00	\$45.01	\$38.63	\$44.95	\$31.17	\$30.76	\$68.30	\$56.64	\$68.19	9 \$48.27
			90805 Psytx, Off, 20-30 Min w E&M	1	3			\$32.50	\$48.31	\$41.93	\$55.05	\$50.18		\$54.72	\$50.20	\$43.57	\$49.75	\$38.60	\$56.55	\$77.09	\$65.02	\$76.27	
			90805 Psytx, Off, 20-30 Min w E&M	9	3			\$32.50	\$48.31	\$41.93	\$55.05	\$50.18		\$54.72	\$50.20	\$43.57	\$49.75	\$38.60	\$56.55	\$77.09	\$65.02	\$76.27	7 \$72.94
			90806 Psytx, Off, 45-50 Min	9	3			\$65.00	\$61.79	\$55.40	\$72.79	\$68.57		\$72.62	\$73.60	\$73.60	\$73.60	\$48.50	\$58.81	\$94.23	\$87.39	\$93.95	
			90806 Psytx, Off, 45-50 Min	1	3	1		\$65.00	\$61.79	\$55.40	\$72.79	\$68.57	<b></b>	\$72.62	\$73.60	\$73.60	\$73.60	\$48.50	\$58.81	\$94.23	\$87.39	\$93.95	
			90807 Psytx, Off, 45-50 Min w E&M	1	3	1		\$65.00	\$69.34	\$60.01	\$78.65	\$74.10		\$78.29	\$79.80	\$79.80	\$79.80	\$54.08	\$74.54	\$107.85	\$95.77	\$106.90	
			90807 Psytx, Off, 45-50 Min w E&M	9	3	1		\$65.00	\$69.34	\$60.01	\$78.65	\$74.10		\$78.29	\$79.80	\$79.80	\$79.80	\$54.08	\$74.54	\$107.85	\$95.77	\$106.90	
			90808 Psytx, Office, 75-80 Min	9	3	1		\$72.00	\$91.02	\$81.94	\$107.56	\$103.01	<b></b>	\$107.40	\$93.21	\$93.21	\$93.21	\$81.73	\$90.80	\$138.23	\$131.00	\$137.98	8 \$103.40
			90808 Psytx, Office, 75-80 Min	1	3	1		\$72.00	\$91.02	\$81.94	\$107.56	\$103.01		\$107.40	\$93.21	\$93.21	\$93.21	\$81.73	\$90.80	\$138.23	\$131.00	\$137.98	8 \$103.40
			90801 Psy Dx Interview	9	3	1		\$87.82	\$83.56	\$90.09	\$117.89	\$104.91	I	\$115.74	\$102.55	\$86.99	\$99.97	\$36.00	\$75.99	\$157.48	\$129.51	\$152.84	
	Psy Dx Interview							607.00	400 = 1	600 00	6447.00	610101		6115 7	6100 ==	40/ 00	600.00	60/ 00	#7F 00	6457 10	6100 =-	015000	
	Psy Dx Interview  Psychiatry - Medication M		90801 Psy Dx Interview 90862 Medication Management	1	3			\$87.82 \$26.18	\$83.56 \$33.63	\$90.09 \$31.36	\$117.89 \$41.16	\$104.91 \$36.29		\$115.74 \$40.77	\$102.55 \$36.86	\$86.99 \$30.55	\$99.97 \$36.35	\$36.00 \$15.60	\$75.99 \$44.09	\$157.48 \$57.76	\$129.51 \$46.27	\$152.84 \$56.84	

Appendix C: Rates for Physician & Professional Services

															Post	ed Rates							
Service Group	Service Sub-Group1	Service Sub-Group2	Procedure w Code	Type of Service Code	Pricing Action Code	Mod1	Mod2		wg - Other NE States	CT <sup>2</sup>	MA Non- Facility <sup>3</sup>	MA Facility <sup>3</sup>	MA Global <sup>3</sup>	Adjusted MA Rate Used	ME Non- Facility <sup>4</sup>	ME Facility <sup>4</sup>	Adjusted ME Rate Used	RI <sup>5</sup>	VT <sup>6</sup>	Medicare - NH Non- Facility <sup>7</sup>	Medicare - NH Facility <sup>7</sup>	Adjusted Medicare NH Rate Used	All Comm Total Allowed per Unit <sup>8</sup>
	Psychotherapy, Family &	Group	90846 Family Psytx wo Patient	1	3			\$50.00	\$60.59	\$53.93	\$70.67	\$70.03		\$70.66	\$59.10	\$57.74	\$58.96		\$58.81	\$88.25	\$85.95	\$88.22	\$74.85
			90847 Family Psytx w Patient	9	3			\$58.00	\$64.36	\$66.41	\$87.05	\$83.48		\$86.69	\$73.33	\$69.27	\$72.92	\$25.20	\$70.56	\$110.10	\$102.82	\$109.37	\$80.97
			90847 Family Psytx w Patient	1	3			\$58.00	\$64.36	\$66.41	\$87.05	\$83.48		\$86.69	\$73.33	\$69.27	\$72.92	\$25.20	\$70.56	\$110.10	\$102.82	\$109.37	\$80.97
			90853 Group Psychotherapy	9	3			\$23.00	\$21.16	\$30.58	\$24.67	\$23.38		\$24.55	\$20.88	\$20.88	\$20.88	\$14.40	\$15.37	\$32.44	\$30.14	\$32.22	\$43.19
			90853 Group Psychotherapy	1	3			\$23.00	\$21.16	\$30.58	\$24.67	\$23.38	3	\$24.55	\$20.88	\$20.88	\$20.88	\$14.40	\$15.37	\$32.44	\$30.14	\$32.22	\$43.19
Specialty Care	Office or Other Outpatient	t Consultations	99242 Office Consultation	1	3			\$47.04	\$62.31	\$56.11	\$72.62	\$53.80		\$70.02			\$59.42	\$37.00	\$88.99				\$147.24
Evaluation and			99243 Office Consultation	1	3			\$72.80	\$82.26	\$76.75	\$99.61	\$74.62		\$97.07			\$81.77	\$37.00	\$118.71				\$197.47
Management			99244 Office Consultation	1	3			\$87.36	\$118.53	\$112.11	\$145.82	\$116.93		\$141.78			\$121.74	\$49.00	\$168.02				\$297.26
			99245 Office Consultation	1	3			\$114.24	\$146.82	\$138.96	\$180.89	\$148.11		\$177.14			\$149.64	\$51.00	\$217.34				\$385.77
		•	99241 Office Consultation	1	3			\$34.72	\$34.79	\$30.68	\$39.55	\$25.60		\$37.33			\$31.66	\$25.59	\$48.71				\$81.20
	Primary Care Treatment	Established Patient	99211 Office/Outpatient Visit, Est	1	3			\$15.43	\$14.31	\$13.04	\$16.84	\$6.78		\$16.51	\$13.17	\$8.24	\$13.01	\$8.05	\$20.94	\$19.83	\$9.11	\$19.47	\$33.10
			99211 Office/Outpatient Visit, Est	1	3	TH		\$40.00															\$25.68
			99212 Office/Outpatient Visit, Est	1	3			\$31.10	\$26.93	\$23.42	\$30.39	\$18.06	)	\$29.33	\$24.14	\$20.20	\$23.80	\$20.64	\$37.45	\$40.05	\$24.72	\$38.74	\$57.43
			99213 Office/Outpatient Visit, Est	1	3			\$42.72	\$39.20	\$37.48	\$48.67	\$33.74		\$46.95	\$40.51	\$32.91	\$39.63	\$20.64	\$51.29	\$66.88	\$48.88	\$64.80	\$91.37
			99213 Office/Outpatient Visit, Est	1	3	HE		\$65.98													<u> </u>		
			99213 Office/Outpatient Visit, Est	1	3	HW	U5	\$65.98															
			99214 Office/Outpatient Visit, Est	1	3			\$65.79	\$58.69	\$56.74	\$73.71	\$53.27		\$70.20	\$61.05	\$49.51	\$59.07	\$27.00	\$80.45	\$100.18	\$75.27	\$95.90	\$140.80
			99215 Office/Outpatient Visit, Est	1	3			\$75.04	\$80.99	\$76.48	\$99.52	\$76.80	1	\$97.91	\$82.60	\$67.01	\$81.50	\$32.00	\$117.06	\$135.06	\$106.32	\$133.03	\$205.07
		New Patient	99201 Office/Outpatient Visit, New	1	3	711		\$20.16	\$25.35	\$22.65	\$29.42	\$17.73		\$28.08	\$23.91	\$21.92	\$23.68	\$16.72	\$35.61	\$40.05	\$25.11	\$38.33	\$56.78
			99201 Office/Outpatient Visit, New 99202 Office/Outpatient Visit, New	1	3	TH	-	\$50.00 \$33.60	\$43.98	\$39.27	\$50.94	\$35.03		\$49.33	\$41.55	\$33.86	\$40.77	\$27.24	\$63.30	\$68.86	\$48.55	\$66.80	\$97.51
			99203 Office/Outpatient Visit, New	1	3		-	\$42.56	\$43.98	\$39.27	\$75.00	\$35.03 \$53.58		\$49.33 \$72.87	\$60.20	\$33.80	\$40.77 \$59.15	\$27.24	\$93.99	\$99.65	\$48.55	\$97.02	\$139.40
			99204 Office/Outpatient Visit, New	1	2		-	\$63.84	\$93.68	\$87.45	\$113.72	\$88.08		\$111.03	\$93.60	\$76.31	\$91.78	\$45.00	\$133.16	\$154.18	\$123.91	\$151.00	\$202.09
			99204 Office/Outpatient Visit, New	1	3	HE		\$152.03	\$73.00	\$07.4J	\$113.72	\$00.00		\$111.03	\$73.00	\$70.31	\$71.70	\$45.00	\$133.10	\$134.10	\$123.71	\$131.00	\$202.07
			99205 Office/Outpatient Visit, New	1	2	ПE		\$80.64	\$116.59	\$109.43	\$142.46	\$115.53		\$140.85	\$118.41	\$99.25	\$117.26	\$46.00	\$169.41	\$193.47	\$160.14	\$191.47	\$269.25
			99205 Office/Outpatient Visit, New	1	3	HE		\$190.76	\$110.37	\$107.43	\$142.40	\$113.33		\$140.03	\$110.41	\$77.ZJ	\$117.20	\$40.00	\$107.41	\$173.47	\$100.14	\$171.47	\$207.23
Surgery	Appendix	1	44970 Laparoscopy, Appendectomy	2	3			\$316.67	\$364.90	\$317.20			\$411.87	\$411.87	\$346.49	\$346.49	\$346.49	\$285.45	\$463.47	\$550.91	\$550.91	\$550.91	\$944.11
Surgery	Biliary Tract		47562 Laparoscopic Cholecystectomy	2	3			\$420.18	\$428.53	\$394.01			\$511.52	\$511.52	\$431.70	\$431.70	\$431.70	\$354.60	\$450.80	\$686.83	\$686.83	\$686.83	\$1,188.99
	billary Tract		47563 Laparo Cholecystectomy/Graph	2	3			\$451.99	\$455.48	\$409.07			\$530.81	\$530.81	\$441.93	\$441.93	\$441.93	\$384.94	\$510.64	\$697.48	\$697.48	\$697.48	\$1,317.82
	Breast	Excision	19100 Bx Breast Percut wo Image	2	3			\$42.00	\$69.14	\$81.74	\$105.12	\$50.92	0000.01	\$94.70	\$80.72	\$60.56	\$76.84	\$56.00	\$36.42	\$133.20	\$65.39	\$120.16	\$209.88
	Di Gust	Excision	19101 Biopsy of Breast, Open	2	3			\$75.00	\$142.18	\$186.32	\$239.73	\$156.00	)	\$172.21	\$151.47	\$151.47	\$151.47	\$84.00	\$116.90	\$304.06	\$202.54	\$222.19	\$363.37
			19102 Bx Breast Percut w Image	2	3			\$155.20	\$116.06	\$137.40	\$176.76	\$78.10		\$107.28	\$132.94	\$98.13	\$108.43	\$137.46	\$89.71	\$211.33	\$103.67	\$135.51	\$306.21
			19103 Bx Breast Percut w Device	2	3			\$311.94	\$235.50	\$362.07	\$464.00	\$144.96		\$223.78	\$331.81	\$179.96	\$217.48	\$274.10	\$100.05	\$537.01	\$191.06	\$276.53	\$605.30
			19120 Removal of Breast Lesion	2	3			\$100.00	\$211.99	\$252.11	\$325.89	\$276.23		\$280.00	\$268.56	\$232.04	\$234.81	\$126.00	\$167.02	\$438.16	\$372.65	\$377.62	\$477.17
			19125 Excision, Breast Lesion	2	3			\$190.37	\$237.84	\$276.51	\$357.50	\$305.57		\$305.57	\$297.61	\$257.70	\$257.70	\$126.00	\$223.41	\$486.22	\$414.58	\$414.58	\$677.86
			19260 Removal of Chest Wall Lesion	2	3			\$300.00	\$640.72	\$678.52			\$878.80	\$878.80	\$709.45	\$709.45	\$709.45	\$411.60	\$525.24	\$1,130.81	\$1,130.81	\$1,130.81	\$1,263.79
		Mastectomy Procedures	19301 Partial Mastectomy	2	3			\$207.70	\$262.42	\$226.47			\$293.40	\$293.40	\$362.15	\$362.15	\$362.15	\$215.07	\$215.03	\$587.78	\$587.78	\$587.78	\$854.68
			19302 P-Mastectomy w Ln Removal	2	3			\$440.11	\$534.66	\$477.68			\$619.87	\$619.87	\$515.94	\$515.94	\$515.94	\$450.57	\$609.25	\$816.74	\$816.74	\$816.74	\$1,273.60
			19303 Mast, Simple, Complete	2	3			\$444.69	\$507.38	\$482.46			\$630.10	\$630.10	\$560.65	\$560.65	\$560.65	\$492.26	\$371.41	\$910.18	\$910.18	\$910.18	\$1,365.52
			19304 Mast, Subq	2	3			\$276.14	\$331.16	\$301.46			\$390.29	\$390.29	\$321.24	\$321.24	\$321.24	\$284.42	\$358.38	\$517.52	\$517.52	\$517.52	\$858.30
			19307 Mast, Mod Rad	2	3			\$569.78	\$675.57	\$619.19			\$804.03	\$804.03	\$678.26	\$678.26	\$678.26	\$595.46	\$680.92	\$1,087.59	\$1,087.59	\$1,087.59	\$1,916.46
		Repair and/or Reconstructio		2	3			\$540.00	\$430.50	\$445.41			\$575.32	\$575.32	\$458.33	\$458.33	\$458.33	\$245.70	\$427.73	\$725.98	\$725.98	\$725.98	\$1,178.80
			19318 Reduction of Large Breast	2	3			\$708.00	\$690.82	\$659.65			\$850.29	\$850.29	\$672.99	\$672.99	\$672.99	\$562.80	\$708.36	\$1,053.16	\$1,053.16	\$1,053.16	\$1,752.57
			19350 Breast Reconstruction	2	3			\$468.22	\$416.27	\$539.67	\$693.20	\$503.99	)	\$541.83	\$489.32	\$446.38	\$454.97	\$284.22	\$260.64	\$786.16	\$634.45	\$664.79	\$1,237.36
			19357 Breast Reconstruction	2	3			\$720.00	\$857.76	\$875.93			\$1,131.20	\$1,131.20	\$908.45	\$908.45	\$908.45	\$649.95	\$723.28	\$1,467.17	\$1,467.17	\$1,467.17	\$2,463.16
			19371 Removal of Breast Capsule	2	3			\$422.00	\$388.55	\$443.70			\$572.66	\$572.66	\$459.49	\$459.49	\$459.49	\$206.28	\$260.64	\$736.23	\$736.23	\$736.23	\$920.27
	Colonoscopy		45378 Diagnostic Colonoscopy	2	3	<u> </u>		\$150.00	\$208.77	\$239.23	\$307.89	\$157.62	1	\$158.47	\$237.57	\$195.74	\$195.98	\$172.14	\$278.04	\$382.45	\$213.11	\$214.07	\$444.02
			45380 Colonoscopy & Biopsy	2	3	<u> </u>		\$175.00	\$242.40	\$283.98	\$365.73	\$188.53		\$190.13	\$285.28	\$235.88	\$236.33	\$192.57	\$308.98	\$457.88	\$255.98	\$257.81	\$538.58
			45381 Colonoscopy, Submucous Inj	1	3	<u> </u>		\$235.04	\$219.02	\$276.48		\$178.34		\$178.34	\$277.47	\$223.43	\$223.43	\$217.96	\$198.90	\$446.22	\$243.17	\$243.17	\$239.94
			45382 Colonoscopy/Control Bleeding	2	3	<u> </u>		\$200.00	\$283.06	\$379.91	\$488.92	\$239.99	1	\$239.99	\$375.75	\$301.67	\$301.67	\$252.63	\$241.09	\$602.34	\$327.65	\$327.65	\$680.25
			45383 Lesion Removal Colonoscopy	2	3	1		\$250.00	\$279.19	\$334.83	\$431.71	\$245.42		\$245.42	\$340.81	\$294.84	\$294.84	\$258.21	\$262.63	\$547.39	\$329.78	\$329.78	\$633.63
			45384 Lesion Remove Colonoscopy	2	3	1		\$280.39	\$263.66	\$279.01	\$359.49	\$198.18		\$198.18	\$280.95	\$229.11	\$229.11	\$256.76	\$355.23	\$451.84	\$266.42	\$266.42	\$560.94
			45385 Lesion Removal Colonoscopy	2	3	<u> </u>		\$300.00	\$288.10	\$318.78	\$410.66	\$223.72	1	\$224.61	\$383.13	\$280.09	\$280.58	\$261.30	\$355.23	\$516.18	\$303.94	\$304.95	\$621.60
			45386 Colonoscopy Dilate Stricture 45387 Colonoscopy w Stent	1	3	<u> </u>		\$451.09 \$192.02	\$304.31 \$215.65	\$416.42 \$192.97	\$533.97	\$193.84	\$251.37	\$193.84 \$251.37	\$393.25 \$219.63	\$240.67 \$219.63	\$240.67 \$219.63	\$414.45 \$173.17	\$256.16 \$241.09	\$639.57 \$340.49	\$261.44 \$340.49	\$261.44 \$340.49	\$872.35 \$799.96
	(1 <b>1</b> )		40007 Colonoscopy w Sterit	2	J	1		\$172.02	\$Z10.00	\$172.97	1		\$Z31.3/	\$201.37	\$2 17.03	\$214.03	\$217.03	\$175.17	\$24 I.U9	\$340.49	\$340.49	\$340.49	\$144.40

Appendix C: Rates for Physician & Professional Services

															Post	ed Rates							
Service Group	Service Sub-Group1	Service Sub-Group2	Procedure w Code	Type of Service Code	Pricing Action Code		Mod2	NH <sup>1</sup>	Avg - Other NE States	CT <sup>2</sup>	MA Non- Facility <sup>3</sup>	MA Facility <sup>3</sup>	MA Global <sup>3</sup>	Adjusted MA Rate Used	ME Non- Facility <sup>4</sup>	ME Facility <sup>4</sup>	Adjusted ME Rate Used	RI <sup>5</sup>	VT <sup>6</sup>	Medicare - NH Non- Facility <sup>7</sup>	Medicare - NH Facility <sup>7</sup>	Adjusted Medicare NH Rate Used	All Comm Total Allowed per Unit <sup>8</sup>
	Destruction, Benign or Pre	emalignant Lesions	17003 Destruct Premalg Les, 2-14	2	3			\$5.42	\$6.59	\$4.36	\$5.69	\$4.06		\$5.62	\$6.22	\$3.99	\$6.12	\$5.99	\$10.85	\$6.97	\$4.28	\$6.85	\$11.9
			17004 Destroy Premlg Lesions 15+	2	3			\$111.10	\$106.38	\$98.73	\$127.41	\$101.77	1	\$126.68	\$101.88	\$101.88	\$101.88	\$108.15	\$96.44	\$165.48	\$129.09	\$164.45	\$227.0
			17106 Destruction of Skin Lesions	2	3			\$150.00	\$146.07	\$219.10	\$283.26	\$241.07		\$264.80	\$182.14	\$182.14	\$182.14	\$25.20	\$39.10	\$324.68	\$265.30	\$298.70	\$534.4
			17107 Destruction of Skin Lesions	2	3			\$300.00	\$253.71	\$384.13	\$498.10	\$438.71		\$455.21	\$312.02	\$312.02	\$312.02	\$50.40	\$66.78	\$422.96	\$344.04	\$365.96	\$1,008.5
			17108 Destruction of Skin Lesions	2	3			\$419.13	\$405.74	\$517.90	\$673.74	\$613.70	)	\$652.30	\$408.74	\$408.74	\$408.74	\$58.80	\$390.96	\$593.66	\$499.41	\$560.00	\$1,763.0
			17110 Destruct B9 Lesion, 1-14	2	3			\$16.81	\$45.97	\$56.93	\$73.15	\$43.29		\$68.33	\$62.17	\$46.17	\$59.59	\$20.85	\$24.16	\$103.84	\$65.53	\$97.66	\$148.3
			17111 Destruct Lesion, 15 or More	2	3			\$33.07	\$57.25	\$66.93	\$85.99	\$55.49		\$82.31	\$74.18	\$56.39	\$72.03	\$32.40	\$32.58	\$123.88	\$81.36	\$118.75	\$166.6
	Drain/Inject, Joint/Bursa		20600 Drain/Inject, Joint/Bursa	2	3			\$13.00	\$28.56	\$31.75	\$41.07	\$30.68		\$40.22	\$32.54	\$26.70	\$32.06	\$25.18	\$13.58	\$51.24	\$37.83	\$50.15	\$85.6
			20605 Drain/Inject, Joint/Bursa	2	3			\$15.00	\$30.71	\$34.75	\$44.86	\$31.55		\$43.00	\$34.85	\$28.44	\$33.95	\$25.18	\$16.66	\$55.60	\$39.50	\$53.35	\$92.7
			20610 Drain/Inject, Joint/Bursa	2	3			\$22.00	\$36.88	\$43.21	\$55.63	\$37.46		\$52.93	\$44.76	\$35.98	\$43.45	\$25.20	\$19.63	\$72.80	\$47.52	\$69.04	\$120.0
	Ear Nose Throat	Ear	69433 Create Eardrum Opening	2	3			\$45.00	\$102.16	\$112.87	\$144.91	\$96.55		\$138.40	\$113.54	\$92.95	\$110.77	\$25.20	\$123.54	\$189.72	\$125.36	\$181.06	\$310.3
			69436 Create Eardrum Opening	2	3			\$100.00	\$108.84	\$98.84			\$127.64	\$127.64	\$110.20	\$110.20	\$110.20	\$84.00	\$123.54	\$157.42	\$157.42	\$157.42	\$223.7
			69620 Repair of Eardrum	2	3			\$338.40	\$387.06	\$407.66	\$524.43	\$368.32		\$368.32	\$331.68	\$331.68	\$331.68	\$302.40	\$525.24	\$664.80	\$472.09	\$472.09	\$773.6
			69631 Repair Eardrum Structures	2	3			\$504.00	\$590.74	\$499.64			\$645.52	\$645.52	\$519.68	\$519.68	\$519.68	\$547.37	\$741.51	\$848.79	\$848.79	\$848.79	\$1,535.0
			69632 Rebuild Eardrum Structures	2	3			\$534.00	\$694.35	\$616.78			\$797.43	\$797.43	\$639.69	\$639.69	\$639.69	\$630.00	\$787.87	\$1,039.61	\$1,039.61	\$1,039.61	\$1,684.5
			69633 Rebuild Eardrum Structures	2	3			\$576.00	\$678.86	\$593.50			\$767.02	\$767.02	\$615.90	\$615.90	\$615.90	\$630.00	\$787.87	\$1,003.29	\$1,003.29	\$1,003.29	\$2,371.8
			69635 Repair Eardrum Structures	2	3			\$624.00	\$746.97	\$709.48			\$915.90	\$915.90	\$722.56	\$722.56	\$722.56	\$630.00	\$756.93	\$1,176.22	\$1,176.22	\$1,176.22	\$1,614.8
			69637 Rebuild Eardrum Structures	2	3			\$714.00	\$816.53	\$807.33			\$1,042.17	\$1,042.17	\$815.26	\$815.26	\$815.26	\$630.00	\$787.87	\$1,328.57	\$1,328.57	\$1,328.57	
		Special Otorhinolaryngologic	92551 Pure Tone Hearing Test, Air	1	3			\$5.00	\$10.63				\$8.33	\$8.33	\$11.08	\$11.08	\$11.08	\$8.00	\$15.10				\$17.2
		Services	92552 Pure Tone Audiometry, Air	1	3			\$7.50	\$12.44				\$16.12	\$16.12	\$12.89	\$12.89	\$12.89	\$9.49	\$11.25	\$22.77	\$22.77	\$22.77	\$31.7
			92553 Audiometry, Air & Bone	1	3			\$10.00	\$18.01				\$23.04	\$23.04	\$17.21	\$17.21	\$17.21	\$12.00	\$19.79	\$29.29	\$29.29	\$29.29	\$41.5
			92557 Comprehensive Hearing Test	1	3			\$25.00	\$30.00				\$41.86	\$41.86	\$31.35	\$31.35	\$31.35	\$12.00	\$34.77	\$41.62	\$38.56	\$41.46	\$83.2
			92567 Tympanometry	1	3			\$8.00	\$13.91				\$17.85	\$17.85	\$10.99	\$10.99	\$10.99	\$11.56	\$15.22	\$15.97	\$13.67	\$15.70	\$33.8
			92587 Evoked Auditory Test	1	3			\$28.25	\$38.59				\$44.74	\$44.74	\$28.86	\$28.86	\$28.86	\$33.23	\$47.52	\$36.17	\$36.17	\$36.17	\$61.6
			92588 Evoked Auditory Test	1	3			\$46.00	\$53.33				\$60.83	\$60.83	\$38.79	\$38.79	\$38.79	\$45.82	\$67.89	\$62.27	\$62.27	\$62.27	\$122.8
		Tonsils & Adenoids	42820 Remove Tonsils & Adenoids	2	3			\$179.00	\$175.65	\$170.23			\$220.85	\$220.85	\$176.99	\$176.99	\$176.99	\$117.60	\$192.58	\$284.46	\$284.46	\$284.46	\$500.6
			42821 Remove Tonsils & Adenoids	2	3			\$215.00	\$186.20	\$179.06			\$232.01	\$232.01	\$189.00	\$189.00	\$189.00	\$151.20	\$179.73	\$295.71	\$295.71	\$295.71	\$496.8
			42825 Removal of Tonsils	2	3			\$156.00	\$167.76	\$151.31			\$196.11	\$196.11	\$219.31	\$219.31	\$219.31	\$117.60	\$154.49	\$255.94	\$255.94	\$255.94	\$447.6
			42826 Removal of Tonsils	2	3			\$190.85	\$166.85	\$148.24			\$191.94	\$191.94	\$159.45	\$159.45	\$159.45	\$151.20	\$183.43	\$246.06	\$246.06	\$246.06	\$417.1
			42830 Removal of Adenoids	2	3			\$94.00	\$120.75	\$120.13			\$155.40	\$155.40	\$124.04	\$124.04	\$124.04	\$81.60	\$122.57	\$201.96	\$201.96	\$201.96	\$276.9
			42831 Removal of Adenoids	2	3			\$70.00	\$128.03	\$130.09			\$168.34	\$168.34	\$133.71	\$133.71	\$133.71	\$81.60	\$126.40	\$217.61	\$217.61	\$217.61	\$317.5
			42835 Removal of Adenoids	2	3			\$103.00	\$109.85	\$110.04			\$142.12	\$142.12	\$111.71	\$111.71	\$111.71	\$92.80	\$92.60	\$183.07	\$183.07	\$183.07	\$265.4
	Endoscopy	Cholangiopancreatograph	43260 Endo Cholangiopancreatograph	2	3			\$200.00	\$268.28	\$192.91			\$251.65	\$251.65	\$235.80	\$235.80	\$235.80	\$259.44	\$401.59	\$344.08	\$344.08	\$344.08	\$712.9
			43261 Endo Cholangiopancreatograph	2	3			\$263.99	\$244,28	\$202.88			\$264.61	\$264.61	\$235.00	\$235.00	\$235.00	\$262.75	\$256.16	\$361.77	\$361.77	\$361.77	\$616.9
			43262 Endo Cholangiopancreatograph	2	3			\$250.00	\$306.02	\$238.00			\$310.38	\$310.38	\$369.42	\$369.42	\$369.42	\$277.20	\$335.10	\$424.82	\$424.82	\$424.82	\$725.6
			43263 Endo Cholangiopancreatograph	2	3			\$250.00	\$261.64	\$235.71			\$307.34	\$307.34	\$271.22	\$271.22	\$271.22	\$261.10	\$232.82	\$419.43	\$419.43	\$419.43	\$642.4
			43264 Endo Cholangiopancreatograph	2	3	1		\$300.00	\$332.73	\$285.70			\$372.58	\$372.58	\$329.24	\$329.24	\$329.24	\$277.20	\$398.93	\$509.66	\$509.66	\$509.66	\$976.4
			43267 Endo Cholangiopancreatograph	2	5	1		\$326.56	\$282.78	\$237.49			\$309.73	\$309.73	\$273.06	\$273.06	\$273.06	\$277.20	\$316.43	\$423.29	\$423.29	\$423.29	\$299.7
			43268 Endo Cholangiopancreatograph	2	3	1		\$312.00	\$282.61	\$241.06			\$314.27	\$314.27	\$277.35	\$277.35	\$277.35	\$277.20	\$303.19	\$430.18	\$430.18	\$430.18	\$874.6
			43269 Endo Cholangiopancreatograph	2	3	1		\$300.00	\$289.15	\$264.07			\$344.32	\$344.32	\$303.98	\$303.98	\$303.98	\$277.20	\$256.16	\$470.76	\$470.76	\$470.76	\$981.3
			43271 Endo Cholangiopancreatograph	2	3	1		\$220.12	\$272.44	\$238.00			\$310.38	\$310.38	\$273.97	\$273.97	\$273.97	\$277.20	\$262.63	\$424.44	\$424.44	\$424.44	
	Ī	L	g-pararodograpii					1220.12		\$200.00			3010.00	3010.00	J270.77	12.70.77	1210.77	ŢZ77.ZU	\$202.00	V.12.1.11	, 12 IIII	3121.11	

Appendix C: Rates for Physician & Professional Services

															Poste	ed Rates							
oup S	Service Sub-Group1	Service Sub-Group2	Procedure w Code	Type of Service Code	Pricing Action Code		Mod2		Avg - Other NE States	CT <sup>2</sup>	MA Non- Facility <sup>3</sup>	MA Facility <sup>3</sup>	MA Global <sup>3</sup>	Adjusted MA Rate Used	ME Non- Facility <sup>4</sup>	ME Facility <sup>4</sup>	Adjusted ME Rate Used	RI <sup>5</sup>	VT <sup>6</sup>	Medicare - NH Non- Facility <sup>7</sup>	Medicare - NH Facility <sup>7</sup>	Adjusted Medicare NH Rate Used	All Comm Total Allowed per Unit <sup>8</sup>
			43235 Uppr GI Endoscopy, Diagnosis	2	3			\$150.00	\$145.03	\$184.85	\$237.44	\$105.02		\$106.35	\$179.03	\$131.44	\$131.92	\$168.00	\$134.04	\$288.88	\$143.30	\$144.76	\$298.1
			43236 Uppr GI Scope w Submuc Inj	1	3			\$172.94	\$163.19	\$228.78	\$293.80	\$126.98		\$126.98	\$159.93	\$159.93	\$159.93	\$160.17	\$140.09	\$359.29	\$173.86	\$173.86	\$347.8
			43237 Endoscopic US Exam, Esoph	2	3			\$131.65	\$236.65	\$133.72			\$173.82	\$173.82	\$152.04	\$152.04	\$152.04	\$120.95	\$602.73	\$233.17	\$233.17	\$233.17	\$440.9
			43238 Uppr GI Endoscopy w US Fn Bx	2	3			\$163.26	\$175.87	\$164.20			\$214.07	\$214.07	\$188.90	\$188.90	\$188.90	\$149.64	\$162.53	\$291.40	\$291.40	\$291.40	\$557.4
			43239 Upper GI Endoscopy, Biopsy	2	3			\$126.00	\$167.55	\$210.48	\$270.59	\$124.54		\$125.60	\$207.53	\$155.73	\$156.10	\$184.80	\$160.77	\$334.84	\$169.34	\$170.54	\$335.3
			43240 Esoph Endoscope w Drain Cyst	2	3			\$249.17	\$240.27	\$222.17			\$289.60	\$289.60	\$253.84	\$253.84	\$253.84	\$224.77	\$210.96	\$392.72	\$392.72	\$392.72	
			43241 Upper GI Endoscopy w Tube	2	3			\$118.98	\$129.01	\$86.89			\$113.15	\$113.15	\$133.63	\$133.63	\$133.63	\$184.80	\$126.58	\$153.69	\$153.69	\$153.69	\$233.
			43242 Uppr GI Endoscopy w US Fn Bx	2	3			\$178.91	\$249.02	\$234.95			\$306.37	\$306.37	\$270.92	\$270.92	\$270.92	\$161.61	\$271.23	\$419.78	\$419.78	\$419.78	\$953.
			43243 Upper GI Endoscopy & Inject	2	3			\$200.00	\$189.25	\$148.65			\$193.90	\$193.90	\$170.63	\$170.63	\$170.63	\$222.09	\$210.96	\$265.16	\$265.16	\$265.16	
			43244 Upper GI Endoscopy/Ligation	2	3			\$155.91	\$191.61	\$164.26			\$214.29	\$214.29	\$189.11	\$189.11	\$189.11	\$166.98	\$223.41	\$293.11	\$293.11	\$293.11	\$608
			43245 Uppr GI Scope Dilate Strictr 43246 Place Gastrostomy Tube	2	3	-		\$143.37 \$150.00	\$141.61 \$196.13	\$105.21 \$140.52			\$137.07 \$183.06	\$137.07 \$183.06	\$121.50 \$216.29	\$121.50 \$216.29	\$121.50 \$216.29	\$184.80 \$226.83	\$159.46 \$213.97	\$185.24 \$248.43	\$185.24 \$248.43	\$185.24 \$248.43	\$431. \$541.
			,	2	3	-																	
			43247 Operative Upper GI Endoscopy	2	3	+		\$120.00 \$107.29	\$152.18	\$111.77 \$104.97			\$145.64 \$136.90	\$145.64 \$136.90	\$162.00 \$121.00	\$162.00 \$121.00	\$162.00 \$121.00	\$184.80 \$115.17	\$156.71	\$198.15 \$186.90	\$198.15 \$186.90	\$198.15 \$186.90	\$402. \$355.
			43248 Uppr GI Endoscopy/Guide Wire 43249 Esoph Endoscopy, Dilation	2	3	+		\$107.29	\$125.74 \$130.26	\$104.97			\$136.90	\$136.90	\$121.00	\$121.00	\$121.00	\$115.17	\$150.68 \$147.67	\$186.90	\$186.90	\$186.90	\$320.
			4321 Operative Upper GI Endoscopy	2	3	+		\$133.57	\$130.26	\$121.56			\$126.33 \$158.38	\$120.33	\$137.24	\$137.24	\$137.24	\$143.04	\$147.67	\$172.30	\$172.30	\$172.30	\$320 \$409
				2	3	+			\$100.32	\$121.56			\$158.38	\$158.38	\$102.00	\$182.00		\$196.91			\$215.45	\$215.45	\$409. \$529.
			43255 Operative Upper GI Endoscopy	2	3	+		\$170.00 \$145.90	\$193.16	\$157.06			\$204.69 \$193.36	\$204.69 \$193.36	\$180.57	\$180.57	\$180.57 \$213.10	\$218.58	\$204.92 \$210.96	\$280.08 \$264.04	\$280.08	\$280.08 \$264.04	\$529. \$494.
			43258 Operative Upper GI Endoscopy 43259 Endoscopic Ultrasound Exam	2	3	+ +		\$145.90	\$195.94	\$148.20			\$193.30	\$193.30	\$213.10	\$213.10	\$213.10	\$142.83	\$210.96	\$204.04	\$204.04	\$204.04	\$494.
	Eve and Ocular Adnexa	Extraocular Muscles	66982 Cataract Surgery, Complex	2	3	+ +		\$532.80	\$702.21	\$562.91			\$732.70	\$732.70	\$591.00	\$591.00	\$591.00	\$477.61	\$1,146.82	\$973.73	\$973.73	\$973.73	\$1,465.
ľ	Lye and Oculai Adriexa	EXII docuidi Wuscies	66984 Cataract Surg w IOL, 1 Stage	2	2	+		\$542.98	\$609.90	\$403.24			\$524.69	\$524.69	\$590.29	\$590.29	\$590.29	\$604.34	\$926.94	\$700.83	\$700.83	\$700.83	\$1,405.
			66985 Insert Lens Prosthesis	2	2	+		\$300.00	\$475.96	\$394.88			\$524.09	\$524.09	\$417.63	\$417.63	\$417.63	\$435.92	\$617.96	\$696.79	\$696.79	\$696.79	\$1,403.
			67311 Revise Eye Muscle	2	3	1 -		\$335.00	\$372.81	\$313.59			\$407.18	\$407.18	\$357.22	\$357.22	\$357.22	\$332.10	\$453.95	\$546.51	\$546.51	\$546.51	\$1,508
			67311 Revise Eye Muscles	2	3	+		\$350.00	\$443.24	\$372.10			\$483.81	\$483.81	\$416.99	\$416.99	\$416.99	\$387.21	\$556.07	\$656.26	\$656.26	\$656.26	\$1,500
			67314 Revise Eye Muscle	2	3	+		\$424.00	\$403.95	\$348.89			\$453.26	\$453.26	\$384.55	\$384.55	\$384.55	\$369.60	\$463.47	\$613.92	\$613.92	\$613.92	\$814
			67316 Revise Two Eye Muscles	2	3	1 -		\$369.15	\$493.14	\$417.74			\$543.39	\$543.39	\$468.84	\$468.84	\$468.84	\$448.71	\$587.02	\$736.42	\$736.42	\$736.42	Ψ014.
F	Foramen Epidural	<u>l</u>	64480 Inj Foramen Epidural Add-On	2	3		-	\$105.91	\$75.78	\$97.22	\$125.11	\$58.58	\$040.07	\$58.58	\$111.36	\$71.49	\$71.49	\$112.49	\$39.10	\$135.92	\$78.84	\$78.84	\$185.
ľ	oranicii Epidarai		64483 Inj Foramen Epidural L/S	2	3	1 -		\$124.70	\$117.68	\$216.00	\$276.60	\$80.25		\$88.62	\$182.01	\$95.92	\$99.59	\$115.17	\$69.00	\$261.36	\$105.82	\$112.45	\$296.
(	Gynecology		57452 Exam of Cervix w Scope	2	3		-	\$50.00	\$60.36	\$65.94	\$85.18	\$69.28		\$82.93	\$67.39	\$57.24	\$65.95	\$25.20	\$61.77	\$105.50	\$88.64	\$103.11	\$180
ľ	Jinedologj		57454 Bx/Curett of Cervix w Scope	2	3			\$90.00	\$94.44	\$93.26	\$120.59	\$105.01		\$118.87	\$95.67	\$85.53	\$94.55	\$42.00	\$123.54	\$148.92	\$132.06	\$147.06	\$259.
			57455 Biopsy of Cervix w Scope	2	3			\$89.78	\$126.26	\$266,20	\$113.09	\$85.83		\$110.88	\$88.62	\$74.06	\$87.44	\$83.80	\$82.98	\$138.76	\$107.35	\$136.21	\$242
			57456 Endocerv Curettage w Scope	2	3			\$84.91	\$118.41	\$251.91	\$106.91	\$79.97		\$101.58	\$83.71	\$69.73	\$80.94	\$79.26	\$78.36	\$131.51	\$100.48	\$125.37	\$233
			57460 Bx of Cervix w Scope, Leep	2	3			\$160.00	\$224.35	\$573.68	\$261.06	\$126.70		\$220.93	\$180.96	\$146.75	\$170.74	\$30.00	\$126.40	\$286.54	\$158.58	\$248.32	\$487
			57461 Conz of Cervix w Scope, Leep	2	3			\$200.90	\$276.62	\$599.13	\$287.30	\$146.44		\$265.48	\$203.51	\$169.95	\$198.31	\$186.59	\$133.58	\$321.91	\$182.84	\$300.36	\$581
			58150 Total Hysterectomy	2	3			\$600.00	\$627.62	\$571.02			\$742.52	\$742.52	\$615.52	\$615.52	\$615.52	\$504.00	\$705.06	\$960.10	\$960.10	\$960.10	\$1,594
			58260 Vaginal Hysterectomy	2	3			\$560.00	\$532.61	\$480.52			\$624.22	\$624.22	\$513.24	\$513.24	\$513.24	\$473.48	\$571.60	\$801.35	\$801.35	\$801.35	\$1,349
			58660 Laparoscopy, Lysis	2	3			\$397.31	\$400.06	\$391.30			\$508.10	\$508.10	\$417.86	\$417.86	\$417.86	\$363.88	\$319.14	\$649.06	\$649.06	\$649.06	\$1,131.
			58661 Laparoscopy, Remove Adnexa	2	3			\$403.52	\$418.26	\$379.29			\$492.82	\$492.82	\$402.03	\$402.03	\$402.03	\$347.99	\$469.15	\$622.76	\$622.76	\$622.76	\$1,113
			58662 Laparoscopy, Excise Lesions	2	3			\$403.90	\$417.60	\$414.48			\$538.34	\$538.34	\$439.30	\$439.30	\$439.30	\$370.08	\$325.80	\$682.31	\$682.31	\$682.31	\$1,262
	Joint	Hip	27096 Inject Sacroiliac Joint	2	3			\$135.66	\$113.76	\$129.14	\$165.67	\$50.45		\$53.58	\$148.54	\$63.19	\$65.51	\$230.14	\$90.41	\$173.83	\$68.86	\$71.71	\$196
			27130 Total Hip Arthroplasty	2	3	$\bot$		\$850.00	\$1,011.04	\$838.47			\$1,083.14	\$1,083.14	\$1,221.94	\$1,221.94	\$1,221.94	\$814.80	\$1,096.86	\$1,364.74	\$1,364.74	\$1,364.74	\$2,672
			27132 Total Hip Arthroplasty	2	3			\$950.00	\$1,089.77	\$983.26			\$1,270.57	\$1,270.57	\$1,020.75	\$1,020.75	\$1,020.75	\$814.80	\$1,359.47	\$1,594.49	\$1,594.49	\$1,594.49	\$2,933
		Knee	27446 Revision of Knee Joint	2	3			\$812.08	\$715.84	\$661.02			\$852.98	\$852.98	\$673.92	\$673.92	\$673.92	\$588.00	\$803.29	\$1,048.92	\$1,048.92	\$1,048.92	\$2,027
			27447 Total Knee Arthroplasty	2	3			\$1,129.85	\$1,059.49	\$903.16			\$1,166.52	\$1,166.52	\$1,177.02	\$1,177.02	\$1,177.02	\$814.80	\$1,235.93	\$1,459.70	\$1,459.70	\$1,459.70	\$2,768
			29871 Knee Arthroscopy/Drainage	2	3			\$100.00	\$306.33	\$300.92			\$387.51	\$387.51	\$319.50	\$319.50	\$319.50	\$292.06	\$231.68	\$478.34	\$478.34	\$478.34	\$822
			29873 Knee Arthroscopy/Surgery	2	3			\$293.00	\$351.11	\$305.69			\$393.24	\$393.24	\$300.14	\$300.14	\$300.14	\$274.31	\$482.18	\$482.95	\$482.95	\$482.95	\$685
			29874 Knee Arthroscopy/Surgery	2	3			\$354.00	\$337.29	\$315.37			\$406.60	\$406.60	\$319.50	\$319.50	\$319.50	\$336.00	\$308.98	\$502.95	\$502.95	\$502.95	\$799
			29875 Knee Arthroscopy/Surgery	2	3			\$358.91	\$366.07	\$293.96			\$378.61	\$378.61	\$389.25	\$389.25	\$389.25	\$336.00	\$432.53	\$462.85	\$462.85	\$462.85	\$822
J			29876 Knee Arthroscopy/Surgery	2	3	+		\$150.00	\$416.23	\$378.22			\$488.00	\$488.00	\$384.62	\$384.62	\$384.62	\$336.00	\$494.30	\$612.06	\$612.06	\$612.06	\$1,031
			29877 Knee Arthroscopy/Surgery	2	3	+	-	\$376.60	\$405.63	\$358.05			\$461.82	\$461.82	\$439.75	\$439.75	\$439.75	\$336.00	\$432.53	\$579.94	\$579.94	\$579.94	\$1,066
			29879 Knee Arthroscopy/Surgery	2	3	+	-	\$366.00	\$407.08	\$383.13			\$494.29	\$494.29	\$389.47	\$389.47	\$389.47	\$336.00	\$432.53	\$619.51	\$619.51	\$619.51	\$980
J			29880 Knee Arthroscopy/Surgery	2	3	1		\$500.00	\$458.19	\$399.83			\$515.97	\$515.97	\$480.20	\$480.20	\$480.20	\$336.00	\$558.93	\$645.92	\$645.92	\$645.92	\$1,082
J			29881 Knee Arthroscopy/Surgery	2	3	+		\$462.00	\$413.62	\$372.94			\$481.07	\$481.07	\$445.57	\$445.57	\$445.57	\$336.00	\$432.53	\$603.35	\$603.35	\$603.35	\$959
			29882 Knee Arthroscopy/Surgery	2	3	+	-	\$495.00	\$441.41	\$401.53			\$518.10	\$518.10	\$410.75	\$410.75	\$410.75	\$336.00	\$540.66	\$651.97	\$651.97	\$651.97	\$1,037
			29883 Knee Arthroscopy/Surgery	2	J	+	-	\$493.20	\$524.35	\$495.85			\$639.58	\$639.58	\$501.51	\$501.51	\$501.51	\$336.00	\$648.80	\$790.73	\$790.73	\$790.73	\$1,136.
J			29884 Knee Arthroscopy/Surgery	2	3	1		\$125.00	\$351.17	\$356.64			\$460.09	\$460.09	\$402.78	\$402.78	\$402.78	\$336.00	\$200.35	\$578.43	\$578.43	\$578.43	\$1,077.
		l	29888 Knee Arthroscopy/Surgery	2	3	1 1		\$722.86	\$665.22	\$583.45	1		\$752.60	\$752.60	\$696.29	\$696.29	\$696.29	\$336.00	\$957.77	\$933.61	\$933.61	\$933.61	\$1,810.

Appendix C: Rates for Physician & Professional Services

							1								Post	ted Rates							
Service Group	Service Sub-Group1	Service Sub-Group2	Procedure w Code	Type of Service Code	Action	Mod1	Mod2	NH <sup>1</sup>	Avg - Other NE States	CT <sup>2</sup>	MA Non- Facility <sup>3</sup>	MA Facility <sup>3</sup>	MA Global <sup>3</sup>	Adjusted MA Rate Used	ME Non- Facility <sup>4</sup>	ME Facility <sup>4</sup>	Adjusted ME Rate Used	RI <sup>5</sup>	VT <sup>6</sup>	Medicare - NH Non- Facility <sup>7</sup>	Medicare - NH Facility <sup>7</sup>	Adjusted Medicare NH Rate Used	All Comm Total Allowed per Unit <sup>8</sup>
		Shoulder	29806 Shoulder Arthroscopy/Surgery	2	3			\$597.22	\$649.66	\$626.53			\$808.13	\$808.13	\$635.97	\$635.97	\$635.97	\$571.93	\$605.74	\$1,000.13	\$1,000.13	\$1,000.13	\$1,726.5
			29807 Shoulder Arthroscopy/Surgery	2	3			\$581.12	\$635.75	\$611.17			\$788.45	\$788.45	\$619.28	\$619.28	\$619.28	\$556.66	\$603.18	\$974.54	\$974.54	\$974.54	\$1,426.7
			29819 Shoulder Arthroscopy/Surgery	2	3			\$349.67	\$349.25	\$348.04			\$448.30	\$448.30	\$346.91	\$346.91	\$346.91	\$294.00	\$308.98	\$548.83	\$548.83	\$548.83	\$767.3
			29821 Shoulder Arthroscopy/Surgery	2	3			\$424.18	\$395.37	\$350.78			\$451.88	\$451.88	\$349.79	\$349.79	\$349.79	\$294.00	\$530.40	\$553.62	\$553.62	\$553.62	2
			29822 Shoulder Arthroscopy/Surgery	2	3			\$125.00	\$403.56	\$341.38			\$439.68	\$439.68	\$479.25	\$479.25	\$479.25	\$294.00	\$463.47	\$538.42	\$538.42	\$538.42	\$710.5
			29823 Shoulder Arthroscopy/Surgery	2	3			\$250.00	\$399.20	\$372.07			\$479.40	\$479.40	\$371.64	\$371.64	\$371.64	\$294.00	\$478.89	\$588.45	\$588.45	\$588.45	\$629.0
			29824 Shoulder Arthroscopy/Surgery	2	3			\$364.80	\$399.25	\$393.22			\$507.05	\$507.05	\$396.33	\$396.33	\$396.33	\$348.61	\$351.06	\$631.79	\$631.79	\$631.79	\$493.4
			29825 Shoulder Arthroscopy/Surgery	2	3			\$320.74	\$333.89	\$347.53			\$447.65	\$447.65	\$346.47	\$346.47	\$346.47	\$294.00	\$233.80	\$548.44	\$548.44	\$548.44	\$966.3
			29826 Shoulder Arthroscopy/Surgery	2	3			\$480.00	\$412.01	\$398.18			\$513.18	\$513.18	\$422.18	\$422.18	\$422.18	\$294.00	\$432.53	\$627.65	\$627.65	\$627.65	\$933.2
	Nails		11720 Debride Nail, 1-5	2	3			\$15.93	\$17.02	\$16.78	\$21.56	\$13.12		\$20.45	\$19.54	\$15.15	\$18.96	\$13.83	\$15.07	\$29.00	\$15.59	\$27.24	
			11721 Debride Nail, 6 or More	2	3			\$26.87	\$26.66	\$24.44	\$31.43	\$22.66		\$30.93	\$26.00	\$24.00	\$25.89	\$23.32	\$28.72	\$40.73	\$26.55	\$39.93	\$55.3
			11730 Removal of Nail Plate	2	3			\$22.00	\$46.79	\$53.45	\$68.91	\$45.87		\$64.57	\$57.24	\$45.48	\$55.03	\$33.60	\$27.28	\$91.00	\$53.46	\$83.93	\$132.7
			11750 Removal of Nail Bed	2	3			\$90.00	\$102.95	\$113.63	\$146.83	\$128.01		\$143.97	\$124.19	\$104.36	\$121.17	\$58.80	\$77.19	\$204.09	\$167.32	\$198.50	\$281.5
	Spine and Spinal Cord		22554 Neck Spine Fusion	2	3			\$700.00	\$865.14	\$748.74			\$961.00	\$961.00	\$1,072.61	\$1,072.61	\$1,072.61	\$730.80	\$812.54	\$1,171.30	\$1,171.30	\$1,171.30	\$1,390.2
			22558 Lumbar Spine Fusion	2	3			\$600.00	\$878.64	\$863.99			\$1,119.04	\$1,119.04	\$906.91	\$906.91	\$906.91	\$730.80	\$772.46	\$1,438.44	\$1,438.44	\$1,438.44	\$999.4
			22600 Neck Spine Fusion	2	3			\$700.00	\$766.15	\$708.99			\$912.32	\$912.32	\$737.14	\$737.14	\$737.14	\$730.80	\$741.51	\$1,167.93	\$1,167.93	\$1,167.93	\$2,048.2
			22612 Lumbar Spine Fusion	2	3			\$1,146.62	\$951.37	\$915.19			\$1,180.15	\$1,180.15	\$1,158.25	\$1,158.25	\$1,158.25	\$730.80	\$772.46	\$1,481.99	\$1,481.99	\$1,481.99	\$2,604.1
			22630 Lumbar Spine Fusion	2	3			\$1,020.00	\$884.03	\$878.66			\$1,131.03	\$1,131.03	\$907.19	\$907.19	\$907.19	\$730.80	\$772.46	\$1,422.13	\$1,422.13	\$1,422.13	\$1,754.5
			22802 Fusion of Spine	2	3			\$1,308.00	\$1,220.24	\$1,247.41			\$1,608.45	\$1,608.45	\$1,278.61	\$1,278.61	\$1,278.61	\$730.80	\$1,235.93	\$1,982.18	\$1,982.18	\$1,982.18	\$4,263.4
			22804 Fusion of Spine	2	3			\$1,666.68	\$1,557.36	\$1,445.67			\$1,864.89	\$1,864.89	\$1,478.43	\$1,478.43	\$1,478.43	\$1,402.08	\$1,595.73	\$2,287.95	\$2,287.95	\$2,287.95	\$8,397.9
			22810 Fusion of Spine	2	3			\$1,032.00	\$1,148.62	\$1,183.60			\$1,529.63	\$1,529.63	\$1,217.62	\$1,217.62	\$1,217.62	\$730.80	\$1,081.44	\$1,910.18	\$1,910.18	\$1,910.18	3
			22840 Insert Spine Fixation Device	2	3			\$558.79	\$631.76	\$464.35			\$598.14	\$598.14	\$670.36	\$670.36	\$670.36	\$730.80	\$695.16	\$722.87	\$722.87	\$722.87	\$1,357.5
			22842 Insert Spine Fixation Device	2	3			\$560.12	\$628.99	\$464.73			\$598.69	\$598.69	\$670.99	\$670.99	\$670.99	\$730.80	\$679.74	\$724.98	\$724.98	\$724.98	\$1,291.2
			22843 Insert Spine Fixation Device	2	3			\$464.75	\$528.56	\$489.07			\$630.47	\$630.47	\$710.83	\$710.83	\$710.83	\$390.51	\$421.91	\$771.90	\$771.90	\$771.90	\$1,688.4
			22844 Insert Spine Fixation Device	2	3			\$567.92	\$650.13	\$605.10			\$780.82	\$780.82	\$875.19	\$875.19	\$875.19	\$477.20	\$512.32	\$945.08	\$945.08	\$945.08	\$3,509.0
			22845 Insert Spine Fixation Device	2	3			\$533.75	\$629.45	\$443.97			\$571.25	\$571.25	\$639.85	\$639.85	\$639.85	\$719.72	\$772.46	\$690.67	\$690.67	\$690.67	\$1,370.3
			22846 Insert Spine Fixation Device	2	3			\$429.14	\$491.46	\$461.31			\$593.68	\$593.68	\$665.04	\$665.04	\$665.04	\$360.58	\$376.71	\$717.04	\$717.04	\$717.04	\$1,374.8
			22851 Apply Spine Prosth Device	2	3			\$298.35	\$303.08	\$246.38			\$317.29	\$317.29	\$356.26	\$356.26	\$356.26	\$292.26	\$303.19	\$386.04	\$386.04	\$386.04	\$722.5
			62290 Inject for Spine Disk X-Ray	2	3			\$85.00	\$148.10	\$229.73	\$295.11	\$128.94		\$131.96	\$194.71	\$194.71	\$194.71	\$84.00	\$100.11	\$317.80	\$165.70	\$168.47	\$221.2
			62311 Inject Spine L/S (Cd)	2	3			\$122.05	\$88.42	\$144.27	\$184.94	\$62.58		\$72.10	\$120.95	\$75.18	\$78.74	\$112.49	\$34.50	\$187.43	\$82.45	\$90.62	\$229.4
			63020 Neck Spine Disk Surgery	2	3			\$563.00	\$737.07	\$648.21			\$833.49	\$833.49	\$677.32	\$677.32	\$677.32	\$537.60	\$988.72	\$1,065.66	\$1,065.66	\$1,065.66	\$2,054.0
			63030 Low Back Disk Surgery	2	3			\$685.94	\$697.69	\$540.29			\$694.63	\$694.63	\$788.97	\$788.97	\$788.97	\$537.60	\$926.94	\$885.68	\$885.68	\$885.68	\$1,633.4
			63035 Spinal Disk Surgery Add-On	2	3			\$100.00	\$196.38	\$117.58			\$151.26	\$151.26	\$169.35	\$169.35	\$169.35	\$358.40	\$185.32	\$181.62	\$181.62	\$181.62	\$376.9
			63075 Neck Spine Disk Surgery	2	3			\$600.00	\$815.03	\$788.60			\$1,013.83	\$1,013.83	\$900.90	\$900.90	\$900.90	\$537.60	\$834.23	\$1,261.61	\$1,261.61	\$1,261.61	\$2,360.1
			63076 Neck Spine Disk Surgery	2	3			\$180.82	\$207.92	\$149.93			\$193.05	\$193.05	\$152.92	\$152.92	\$152.92	\$358.40	\$185.32	\$233.98	\$233.98	\$233.98	\$440.4

NH rates from NHAIM GQL as of 8/6/2010

<sup>&</sup>lt;sup>2</sup> CT rates found at: https://www.ctdssmap.com/CTPortal/Provider/Provider/20Fee%20Schedule%20Download/tabld/52/Default.aspx, as of 6/30/2010

<sup>3</sup> MA rates found at: http://www.mass.gov/?pageID=eohhs2modulechunk&L=4&L0=Home&L1=Government&L2=Departments+and+Divisions&L3=Division+of+Health+Care+Finance+%26+Policy&sid=Eeohhs2&b=terminalcontent&f=dhcfp\_government\_regs\_related\_pubs&csid=Eeohhs2#114\_3\_17; as of 4/9/2010

<sup>&</sup>lt;sup>4</sup> ME rates found at: http://portatxw.bisoex.state.me.us/oms/proc/pub\_proc.asp?cf=mm; utilizing MIHMS rates as of 9/1/2010 whenever possible
<sup>5</sup> RI rates found at: http://www.dhs.ri.gov/ForProvidersVendors/MedicalAssistanceProviders/FeeSchedules/labid/170/Default.aspx; as of 4/23/2010

<sup>&</sup>lt;sup>o</sup> VT rates found at: http://dvha.vermont.gov/for-providers/2010-fee-schedules; as of 8/24/2010

<sup>7</sup> Medicare rates found at: http://www.cms.gov/PhysicianFeeSched/PFSNPAF/itemdetail.asp?filterType=none&filterByDID=0&sortByDID=2&sortOrder=descending&itemID=CMS1237028&intNumPerPage=10, using values for carrier 40 (NH) as of 7/1/2010

<sup>&</sup>lt;sup>8</sup> Commercial Rates from CHIS data generated by Onpoint: 2010-08-17 PHYSICIANSERVICES\_20100727.XLS; representing CY 2009

<sup>&</sup>lt;sup>9</sup>MP indicates that procedure is set up for manual or other pricing not available in fee schedule

Appendix C: Rates for Imaging & Therapeutic Radiology Services

									Po	sted Rates				
Service Group	Service Sub-Group	Procedure w Code	Type of Service Code	Pricing Action Code	Mod1	NH	Avg - Other NE states	СТ	MA Global	ME	RI	VT	Medicare - NH	All Comm Total Allowed per Unit
Complex Imaging	CT Scan	70450 CT Head/Brain wo Dye	4	3		\$ 150.00	\$189.72	\$148.19	\$ 188.69	\$194.26	\$126.52	\$290.95	\$202.12	\$527.55
(CT, MRI)		70450 CT Head/Brain wo Dye	4	3	26	\$ 31.50	\$45.09	\$43.23	\$ 32.71	\$41.67		\$62.76	\$43.73	\$87.23
		70486 CT Maxillofacial wo Dye	4	3		\$ 140.00	\$165.12	\$166.74	\$ 213.33	\$158.17	\$135.60	\$151.75	\$260.88	\$457.80
		70486 CT Maxillofacial wo Dye	4	3	26	\$ 42.00	\$47.75	\$58.19	\$ 43.72	\$38.87		\$50.20	\$58.42	\$110.66
		71260 CT Thorax w Dye	4	3		\$ 154.00	\$246.55	\$212.34	\$ 286.15	\$212.83	\$162.00	\$359.42	\$317.99	\$781.36
		71260 CT Thorax w Dye	4	3	26	\$ 46.20	\$66.59	\$63.50	\$ 47.73	\$60.43		\$94.70	\$63.81	\$130.39
		71275 CT Angiography, Chest	4	3		\$ 254.36	\$325.94	\$266.55	\$ 469.15	\$282.53	\$223.53	\$387.94	\$451.99	\$1,295.77
		71275 CT Angiography, Chest	4	3	26	\$ 40.70	\$85.14	\$98.17	\$ 73.87	\$65.82		\$102.69	\$98.59	\$194.36
		72125 CT Neck Spine wo Dye	4	3		\$ 142.00	\$175.48	\$166.91	\$ 241.79	\$158.39	\$138.00	\$172.29	\$262.17	\$645.13
		72125 CT Neck Spine wo Dye	4	3	26	\$ 42.60	\$50.92	\$59.02	\$ 44.58	\$39.60		\$60.47	\$59.71	\$120.47
		72192 CT Pelvis wo Dye	4	3		\$ 142.00	\$197.25	\$165.23	\$ 235.99	\$156.07	\$138.00	\$290.95	\$250.60	\$590.37
		72192 CT Pelvis wo Dye	4	3	26	\$ 42.60	\$53.49	\$55.78	\$ 42.03	\$53.40		\$62.76	\$56.20	\$102.08
		72193 CT Pelvis w Dye	4	3		\$ 154.00	\$241.42	\$209.77	\$ 274.02	\$201.89	\$162.00	\$359.42	\$301.24	\$689.90
		72193 CT Pelvis w Dye	4	3	26	\$ 30.80	\$57.16	\$59.02	\$ 44.58	\$56.57		\$68.46	\$59.71	\$110.47
		74150 CT Abdomen wo Dye	4	3		\$ 142.00	\$196.86	\$168.04	\$ 233.62	\$159.37	\$138.00	\$285.25	\$253.70	\$584.21
		74150 CT Abdomen wo Dye	4	3	26	\$ 42.60	\$61.06	\$60.65	\$ 45.72	\$57.98		\$79.87	\$61.20	\$120.99
		74160 CT Abdomen w Dye	4	3		\$ 154.00	\$231.15	\$213.30	\$ 287.93	\$226.44	\$162.00	\$266.08	\$339.78	\$749.12
		74160 CT Abdomen w Dye	4	3	26	\$ 46.20	\$60.75	\$65.07	\$ 49.08	\$62.33		\$66.52	\$65.30	\$131.91
	MRI	70551 MRI Brain wo Dye	4	3		\$ 288.00	\$395.09	\$287.79	\$ 450.38	\$377.06	\$300.00	\$560.23	\$438.87	\$1,032.72
		70551 MRI Brain wo Dye	4	3	26	\$ 57.60	\$75.37	\$75.54	\$ 56.95	\$72.01		\$96.99	\$75.90	\$163.01
		70551 MRI Brain wo Dye	4	3	TC	\$ 230.40	\$318.95	\$244.35	\$ 393.43	\$213.54		\$424.50	\$362.97	\$754.56
		70553 MRI Brain wo&w Dye	4	3		\$ 600.00	\$607.68	\$418.08	\$ 858.18	\$581.89	\$450.00	\$730.24	\$676.58	\$1,683.81
		70553 MRI Brain wo&w Dye	4	3	26	\$ 60.00	\$115.33	\$120.07	\$ 90.58	\$114.91		\$135.78	\$120.90	\$256.29
		70553 MRI Brain wo&w Dye	4	3	TC	\$ 540.00	\$512.81	\$349.04	\$ 767.60	\$354.75		\$579.86	\$555.68	\$1,424.70
		72141 MRI Neck Spine wo Dye	4	3		\$ 350.00	\$394.53	\$291.43	\$ 439.36	\$381.63	\$300.00	\$560.23	\$444.62	\$949.57
		72141 MRI Neck Spine wo Dye	4	3	26	\$ 63.00	\$75.45	\$81.65	\$ 61.51	\$77.63		\$81.01	\$82.03	\$163.40
		72141 MRI Neck Spine wo Dye	4	3	TC	\$ 287.00	\$330.50	\$244.48	\$ 377.85	\$212.80		\$486.89	\$362.59	\$695.89
		72148 MRI Lumbar Spine wo Dye	4	3		\$ 306.00	\$379.04	\$287.92	\$ 466.39	\$375.73	\$308.77	\$456.40	\$438.66	\$981.07
		72148 MRI Lumbar Spine wo Dye	4	3	26	\$ 52.02	\$77.28	\$75.99	\$ 57.27	\$72.01		\$103.83	\$76.07	\$152.22
		72148 MRI Lumbar Spine wo Dye	4	3	TC	\$ 253.98	\$280.56	\$244.23	\$ 409.11	\$213.01		\$255.90	\$362.59	\$734.06
		73721 MRI Jnt of Lwr Extre wo Dye	4	3		\$ 270.00	\$389.79	\$284.80	\$ 437.45	\$366.45	\$300.00	\$560.23	\$432.34	\$911.47
		73721 MRI Jnt of Lwr Extre wo Dye	4	3	26	\$ 27.00	\$80.77	\$68.71	\$ 51.91	\$65.54		\$136.92	\$69.36	\$135.24
		73721 MRI Jnt of Lwr Extre wo Dye	4	3	TC	\$ 243.00	\$333.09	\$245.29	\$ 385.54	\$214.63		\$486.89	\$362.97	\$704.77

Appendix C: Rates for Imaging & Therapeutic Radiology Services

									Po	sted Rates				
Service Group	Service Sub-Group	Procedure w Code	Type of Service Code	Pricing Action Code	Mod1	NH	Avg - Other NE states	СТ	MA Global	ME	RI	VT	Medicare - NH	All Comm Total Allowed per Unit
Mammogram	Mammogram	G0202 Screeningmammographydigital	4	3		\$ 81.38	\$110.21	\$86.16		\$82.04	\$74.10	\$198.53	\$135.30	\$255.47
		G0202 Screeningmammographydigital	4	3	26	\$ 21.16	\$39.07	\$35.56		\$23.46		\$58.19	\$35.52	\$64.43
		G0202 Screeningmammographydigital	4	3	TC	\$ 60.22	\$88.21	\$65.71		\$58.58		\$140.34	\$99.78	\$180.16
		G0204 Diagnosticmammographydigital	4	3		\$ 92.03	\$99.08	\$93.06		\$96.60	\$78.64	\$128.02	\$160.89	\$301.72
		G0204 Diagnosticmammographydigital	4	3	26	\$ 24.85	\$37.92	\$44.02		\$29.00		\$40.73	\$44.25	\$79.17
		G0204 Diagnosticmammographydigital	4	3	TC	\$ 67.18	\$74.22	\$67.75		\$67.61		\$87.29	\$116.64	\$185.79
		G0206 Diagnosticmammographydigital	4	3		\$ 50.17	\$103.40	\$74.99		\$76.73	\$63.36	\$198.53	\$127.25	\$213.47
		G0206 Diagnosticmammographydigital	4	3	26	\$ 19.57	\$39.07	\$35.56		\$23.46		\$58.19	\$35.52	\$64.71
		G0206 Diagnosticmammographydigital	4	3	TC	\$ 30.60	\$82.72	\$54.53		\$53.28		\$140.34	\$91.73	\$141.12
Simple Imaging (X-	X-Ray	71010 Chest X-Ray	4	3		\$ 10.00	\$18.14	\$16.97	\$ 21.76	\$15.06	\$14.10	\$22.82	\$23.83	\$48.45
Ray)		71010 Chest X-Ray	4	3	26	\$ 6.00	\$7.59	\$9.29	\$ 7.05	\$6.02		\$7.99	\$9.11	\$19.26
		71010 Chest X-Ray	4	3	TC	\$ 4.00	\$13.40	\$11.62	\$ 14.71	\$9.04		\$18.21	\$14.73	\$42.62
		71020 Chest X-Ray	4	3		\$ 16.00	\$25.33	\$22.34	\$ 28.47	\$20.45	\$20.02	\$35.37	\$31.44	\$74.09
		71020 Chest X-Ray	4	3	26	\$ 7.20	\$10.08	\$11.31	\$ 8.46	\$8.00		\$12.55	\$11.35	\$21.94
		71020 Chest X-Ray	4	3	TC	\$ 8.80	\$18.07	\$15.84	\$ 20.01	\$12.45		\$23.96	\$20.09	\$36.15
		73610 X-Ray Exam of Ankle	1	3		\$ 18.31	\$21.11	\$19.55	\$ 25.06	\$19.10	\$15.60	\$26.24	\$31.51	\$47.93
		73610 X-Ray Exam of Ankle	4	3		\$ 15.00	\$21.11	\$19.55	\$ 25.06	\$19.10	\$15.60	\$26.24	\$31.51	\$47.93
		73610 X-Ray Exam of Ankle	1	3	26	\$ 5.49	\$7.58	\$8.90	\$ 6.78	\$6.67		\$7.99	\$8.74	\$17.06
		73610 X-Ray Exam of Ankle	1	3	TC	\$ 12.82	\$17.02	\$14.43	\$ 18.28	\$13.33		\$22.04	\$22.77	\$41.22
		73610 X-Ray Exam of Ankle	4	3	TC	\$ 9.00	\$17.02	\$14.43	\$ 18.28	\$13.33		\$22.04	\$22.77	\$41.22
Ultrasound	Obstetric Ultrasound	76801 Ob US < 14 Wks, Single Fetus	4	3		\$ 55.92	\$82.60	\$85.28	\$ 109.20	\$82.67	\$52.22	\$83.64	\$130.49	\$235.40
		76801 Ob US < 14 Wks, Single Fetus	4	3	26	\$ 21.81	\$42.29	\$51.01		\$33.38	, -	\$46.32	\$50.25	
		76801 Ob US < 14 Wks, Single Fetus	4	3	TC	\$ 34.11	\$53.33	\$55.95		\$49.29		\$37.31	\$80.24	\$111.05
		76802 Ob US < 14 Wks, Addl Fetus	4	3		\$ 43.57	\$54.16	\$51.72		\$47.07	\$40.87	\$64.92	\$71.34	\$141.57
		76802 Ob US < 14 Wks, Addl Fetus	4	3	26	\$ 21.79	\$35.61	\$43.28	\$ 32.49	\$27.76		\$38.91	\$42.06	\$84.57
		76805 Ob US >/= 14 Wks, Sngl Fetus	4	3		\$ 64.00	\$88.81	\$88.60	\$ 113.42	\$91.91	\$36.00	\$114.10	\$147.73	\$256.17
		76805 Ob US >/= 14 Wks, Sngl Fetus	4	3	26	\$ 32.00	\$45.20	\$51.01		\$33.16	,	\$58.19	\$50.25	\$102.85
		76805 Ob US >/= 14 Wks, Sngl Fetus	4	3	TC	\$ 32.00	\$68.61	\$59.27	\$ 74.96	\$58.76		\$81.47	\$97.48	
		76810 Ob US >/= 14 Wks, Addl Fetus	4	3		\$ 75.87	\$68.29	\$61.70	\$ 78.96	\$67.43	\$48.00	\$85.35	\$97.56	\$167.49
		76810 Ob US >/= 14 Wks, Addl Fetus	4	3	26	\$ 37.94	\$41.82	\$50.17	\$ 37.86	\$32.68		\$46.55	\$49.50	
		76811 Ob US, Detailed, Sngl Fetus	4	3		\$ 145.89	\$164.30	\$149.09		\$129.50	\$136.22	\$216.33	\$196.19	
		76811 Ob US, Detailed, Sngl Fetus	4	3	26	\$ 70.03	\$82.02	\$100.05		\$62.84		\$89.91	\$95.64	\$228.05
		76811 Ob US, Detailed, Sngl Fetus	4	3	TC	\$ 75.86	\$99.93	\$91.56		\$66.66		\$126.42	\$100.55	\$198.60
		76812 Ob US, Detailed, Addl Fetus	4	3		\$ 85.53	\$105.86	\$94.61	\$ 131.93	\$95.56	\$81.12	\$126.08	\$154.60	\$303.86
		76812 Ob US, Detailed, Addl Fetus	4	3	26	\$ 54.74	\$76.61	\$93.16		\$58.79	,	\$84.32	\$89.68	
		76813 Ob US Nuchal Meas, 1 Gest	4	3		\$ 72.02	\$90.99	\$80.25		\$81.07	\$70.80		\$127.33	\$202.77

Appendix C: Rates for Imaging & Therapeutic Radiology Services

Service Group	Service Sub-Group		Tumo of											
	Service Sub-Group	Procedure w Code	Type of Service Code	Pricing Action Code	Mod1	NH	Avg - Other NE states	СТ	MA Global	ME	RI	VT	Medicare - NH	All Comm Total Allowed per Unit
		76813 Ob US Nuchal Meas, 1 Gest	4	3	26	\$ 30.97	\$49.36	\$58.03	\$ 43.83	\$38.53		\$57.05	\$58.96	\$149.20
		76814 Ob US Nuchal Meas, Add-On	4	3		\$ 47.32	\$63.97	\$52.15	\$ 67.01	\$73.56	\$47.27	\$79.87	\$81.46	\$137.84
		76814 Ob US Nuchal Meas, Add-On	4	3	26	\$ 26.03	\$40.86	\$48.68	\$ 36.72	\$32.38		\$45.64	\$49.49	\$129.88
		76815 Ob US, Limited, Fetus(s)	4	3		\$ 45.00	\$60.06	\$57.89	\$ 74.22	\$57.23	\$36.00	\$74.96	\$90.97	\$157.40
		76815 Ob US, Limited, Fetus(s)	4	3	26	\$ 15.75	\$28.64	\$33.59	\$ 25.44	\$21.74		\$33.77	\$32.57	\$78.24
		76816 Ob US, Follow-Up, Per Fetus	4	3		\$ 40.00	\$62.37	\$61.51	\$ 79.11	\$66.77	\$36.00	\$68.46	\$107.33	\$168.18
		76816 Ob US, Follow-Up, Per Fetus	4	3	26	\$ 20.00	\$35.76	\$44.56	\$ 33.68	\$28.27		\$36.51	\$42.79	\$101.08
		76817 Transvaginal US, Obstetric	4	3		\$ 58.29	\$65.40	\$63.38	\$ 81.37	\$63.34	\$53.87	\$65.04	\$102.49	\$163.07
		76817 Transvaginal US, Obstetric	4	3	26	\$ 22.73	\$30.84	\$38.47	\$ 29.13	\$24.94		\$30.81	\$37.96	\$83.22
		76817 Transvaginal US, Obstetric	4	3	TC	\$ 35.56	\$47.58	\$41.26	\$ 52.25	\$38.40		\$58.42	\$64.53	\$83.32
		76819 Fetal Biophys Profil wo Nst	4	3		\$ 60.18	\$72.38	\$64.34	\$ 82.46	\$59.16	\$53.25	\$102.69	\$92.50	\$148.73
		76819 Fetal Biophys Profil wo Nst	4	3	26	\$ 20.46	\$36.49	\$39.70	\$ 29.99	\$27.19		\$49.06	\$39.08	\$74.73
		76819 Fetal Biophys Profil wo Nst	4	3	TC	\$ 39.72	\$45.27	\$41.52	\$ 52.46	\$33.48		\$53.63	\$53.42	\$82.88
Ī	Ultrasound	76700 US Exam, Abdom, Complete	4	3		\$ 100.01	\$93.28	\$80.45	\$ 102.80	\$85.67	\$48.00	\$149.47	\$138.59	\$262.28
		76700 US Exam, Abdom, Complete	4	3	26	\$ 30.00	\$44.77	\$41.61	\$ 31.30	\$32.00		\$74.17	\$41.49	\$77.63
		76705 Echo Exam of Abdomen	4	3		\$ 70.00	\$74.95	\$59.32	\$ 75.84	\$64.96	\$48.00	\$126.65	\$105.02	\$197.22
		76705 Echo Exam of Abdomen	4	3	26	\$ 19.60	\$31.45	\$30.30	\$ 22.83	\$21.33		\$51.35	\$30.14	\$60.91
		76770 US Exam Abdo Back Wall, Comp	4	3		\$ 56.00	\$77.76	\$78.13	\$ 99.71	\$81.97	\$48.00	\$81.01	\$131.79	\$248.69
		76770 US Exam Abdo Back Wall, Comp	4	3	26	\$ 28.00	\$39.19	\$38.02	\$ 28.53	\$32.00		\$58.19	\$37.76	\$82.80
		76770 US Exam Abdo Back Wall, Comp	4	3	TC	\$ 28.00	\$65.24	\$56.27	\$ 71.18	\$56.83		\$76.68	\$94.03	\$110.06
		76830 Transvaginal US, Non-Ob	4	3		\$ 55.00	\$66.91	\$66.84	\$ 85.48	\$75.17	\$42.00	\$65.04	\$122.11	\$184.26
		76830 Transvaginal US, Non-Ob	4	3	26	\$ 19.25	\$31.12	\$35.17	\$ 26.52	\$32.00		\$30.81	\$34.98	\$65.59
		76830 Transvaginal US, Non-Ob	4	3	TC	\$ 35.75	\$54.00	\$46.63	\$ 58.95	\$51.97		\$58.46	\$87.14	\$97.61
		76856 US Exam, Pelvic, Complete	4	3		\$ 81.00	\$69.51	\$67.36	\$ 86.13	\$75.62	\$42.00	\$76.45	\$122.50	\$199.67
		76856 US Exam, Pelvic, Complete	4	3	26	\$ 23.49	\$32.20	\$35.61	\$ 26.85	\$32.00		\$34.34	\$35.36	\$65.54
		76856 US Exam, Pelvic, Complete	4	3	TC	\$ 57.51	\$50.11	\$46.88	\$ 59.28	\$52.19		\$42.10	\$87.14	
Therapeutic F	Radiation Treatment Aid(s)	77334 Radiation Treatment Aid(s)	6	3		\$108.00	\$117.98	\$117.37	\$ 149.95	\$100.22	\$90.00	\$132.36	\$157.29	\$271.92
Radiology	`,	77334 Radiation Treatment Aid(s)	6	3	26	\$35.64	\$53.92	\$64.28	\$ 48.27	\$41.52		\$61.61	\$63.64	
3,		77334 Radiation Treatment Aid(s)	6	3	TC	\$71.28	\$87.99	\$80.41	\$ 101.68	\$58.70		\$111.18	\$93.65	
l <sub>ī</sub>	Radiation Treatment Management	77427 Radiation Tx Management, X5	6	3		\$98.80	\$182.04	\$107.97		\$179.94	\$92.88	\$387.94	\$196.49	

# Appendix C: Rates for Imaging & Therapeutic Radiology Services

								Po	sted Rates				
Service Group	Service Sub-Group	Procedure w Code	Type of Service Code	Mod1	NH	Avg - Other NE states	СТ	MA Global	ME	RI	VT	Medicare - NH	All Comm Total Allowed per Unit

<sup>&</sup>lt;sup>1</sup>NH rates from NHAIM GQL as of 8/6/2010

<sup>&</sup>lt;sup>2</sup> CT rates found at: https://www.ctdssmap.com/CTPortal/Provider/Provider%20Fee%20Schedule%20Download/tabld/52/Default.aspx, as of 6/30/2010

<sup>&</sup>lt;sup>3</sup> MA rates found at: MA rates found at: http://www.mass.gov/?pageID=eohhs2modulechunk&L=4&L0=Home&L1=Government&L2=Departments+and+Divisions&L3=Division+of+Health+Care+Finance+%26+Policy&sid=Eeohhs2&b=terminalcontent&f=dhcfp\_government\_regs\_related\_pubs&csid=Eeohhs2#114\_3\_17; as of 4/9/2010

<sup>&</sup>lt;sup>4</sup> ME rates found at: http://portalxw.bisoex.state.me.us/oms/proc/pub\_proc.asp?cf=mm; utilizing MIHMS rates as of 9/1/2010 whenever possible

<sup>&</sup>lt;sup>5</sup> RI rates found at: http://www.dhs.ri.gov/ForProvidersVendors/MedicalAssistanceProviders/FeeSchedules/tabid/170/Default.aspx; as of 4/23/2010

<sup>&</sup>lt;sup>6</sup> VT rates found at: http://dvha.vermont.gov/for-providers/2010-fee-schedules; as of 8/24/2010

<sup>&</sup>lt;sup>7</sup> Medicare rates found at: http://www.cms.gov/PhysicianFeeSched/PFSNPAF/itemdetail.asp?filterType=none&filterByDID=0&sortByDID=2&sortOrder=descending&itemID=CMS1237028&intNumPerPage=10, using values for carrier 40 (NH) as of 7/1/2010

<sup>&</sup>lt;sup>8</sup> Commercial Rates from CHIS data generated by Onpoint: 2010-08-17 PHYSICIANSERVICES\_20100727.XLS; representing CY 2009

Appendix C: Rates for Lab & Pathology Services

			Posted Rates															
Service Group	Procedure w Code	Type of Service Code	Pricing Action Code	Mod1	NH	Avg - Other NE States	СТ	MA Non- Facility	MA Facility	MA Global	Adjusted MA Rate Used	Adjusted ME Rate Used	RI	VT	Medicare - NH Non- Facility	Medicare - NH Facility	Adjusted Medicare NH Rate Used	All Comm Total Allowed per Unit
Chemistry	82055 Assay of Ethanol	5	3		\$9.28	\$14.02	\$14.35			\$11.28	\$11.28	\$13.50	\$9.06	\$21.93	\$15.47	\$15.47	\$15.47	\$18.90
	83655 Assay of Lead	5	3		\$10.40	\$14.41	\$16.06			\$12.63	\$12.63	\$11.02	\$4.19	\$28.16	\$17.34	\$17.34	\$17.34	\$18.42
	83890 Molecule Isolate	5	3		\$3.44	\$5.54	\$5.32			\$4.18	\$4.18	\$5.67	\$3.36	\$9.19	\$5.74	\$5.74	\$5.74	\$6.53
	83891 Molecule Isolate Nucleic	5	3		\$3.32	\$5.77	\$5.32			\$4.18	\$4.18	\$6.81	\$3.36	\$9.19	\$5.74	\$5.74	\$5.74	\$7.26
	83892 Molecular Diagnostics	5	3		\$3.44	\$5.54	\$5.32			\$4.18	\$4.18	\$5.67	\$3.36	\$9.19	\$5.74	\$5.74	\$5.74	\$14.46
	83893 Molecule Dot/Slot/Blot	5	3		\$3.32	\$5.46	\$5.32			\$4.18	\$4.18	\$5.54	\$3.36	\$8.89	\$5.74	\$5.74	\$5.74	\$7.21
	83894 Molecule Gel Electrophor	5	3		\$3.44	\$5.54	\$5.32			\$4.18	\$4.18	\$5.67	\$3.36	\$9.19	\$5.74	\$5.74	\$5.74	\$7.82
	83896 Molecular Diagnostics	5	3		\$3.44	\$5.54	\$5.32			\$4.18	\$4.18	\$5.67	\$3.36	\$9.19	\$5.74	\$5.74	\$5.74	\$5.83
	83897 Molecule Nucleic Transfer	5	3		\$3.32	\$5.52	\$5.32			\$4.18	\$4.18	\$5.54	\$3.36	\$9.19	\$5.74	\$5.74	\$5.74	\$16.15
	83898 Molecule Nucleic Ampli, Each	5	3		\$3.75	\$11.67	\$22.25			\$4.55	\$4.55	\$7.41	\$14.05	\$10.08	\$6.25	\$6.25	\$6.25	\$10.90
	84443 Assay Thyroid Stim Hormone	5	3		\$14.44	\$23.62	\$22.30			\$17.53	\$17.53	\$25.23	\$14.08	\$38.98	\$24.06	\$24.06	\$24.06	\$24.28
Cytopathology	88141 Cytopath, C/V, Interpret	5	3		\$16.33	\$16.88	\$9.58			\$18.65	\$18.65	\$17.84	\$7.07	\$31.27	\$28.09	\$28.09	\$28.09	\$43.03
3 . 63	88142 Cytopath, C/V, Thin Layer	5	3		\$17.41	\$24.48	\$26.89			\$24.30	\$24.30	\$18.44	\$16.60	\$36.16	\$29.02	\$29.02	\$29.02	\$29.69
	88174 Cytopath, C/V Auto, in Fluid	5	3		\$18.36	\$24.98	\$28.36			\$22.29	\$22.29	\$7.30	\$17.31	\$49.65	\$30.60	\$30.60	\$30.60	\$26.62
	88175 Cytopath C/V Auto Fluid Redo	5	3		\$22.76	\$33.81	\$35.16			\$27.64	\$27.64	\$24.11	\$20.50	\$61.65	\$37.94	\$37.94	\$37.94	\$41.39
Drug Testing	80100 Drug Screen, Qualitate/Multi	5	3		\$12.50	\$16.52	\$5.00			\$11.77	\$11.77	\$19.84	\$12.19	\$33.79	\$20.83	\$20.83	\$20.83	\$26.01
	80101 Drug Screen, Single	5	3		\$11.83	\$13.06	\$5.00			\$9.58	\$9.58	\$22.74	\$10.48	\$17.49	\$19.72	\$19.72	\$19.72	\$19.19
	80102 Drug Confirmation	5	3		\$11.38	\$18.22	\$17.58			\$13.82	\$13.82	\$18.31	\$10.58	\$30.83	\$18.97	\$18.97	\$18.97	\$24.69
Hematology and Coagulation	85004 Automated Diff WBC Count	5	3		\$5.56	\$23.72	\$8.59			\$6.75	\$6.75		\$5.42	\$74.10	\$9.27	\$9.27	\$9.27	\$9.22
3, 1 1 1 3, 1 1 1 1 3	85007 BI Smear w Diff WBC Count	5	3	Ì	\$1.75	\$3.97	\$4.57			\$3.59	\$3.59	\$2.88	\$2.89	\$5.93	\$2.91	\$2.91	\$2.91	\$5.29
	85008 BI Smear wo Diff WBC Count	5	3	Ì	\$3.81	\$4.50	\$4.19			\$3.59	\$3.59	\$4.30	\$2.41	\$8.00	\$4.93	\$4.93	\$4.93	\$8.15
	85009 Manual Diff WBC Count B-Coat	5	3		\$4.11	\$5.07	\$4.64			\$3.88	\$3.88	\$5.14	\$3.11	\$8.60	\$5.33	\$5.33	\$5.33	\$6.39
	85013 Spun Microhematocrit	5	3	Ì	\$2.03	\$3.18	\$3.14			\$2.47	\$2.47	\$2.83	\$1.99	\$5.48	\$3.39	\$3.39	\$3.39	\$4.06
	85014 Hematocrit	5	3		\$2.03	\$3.19	\$3.14			\$2.47	\$2.47	\$2.88	\$1.99	\$5.48	\$3.39	\$3.39	\$3.39	\$3.64
	85018 Hemoglobin	5	3		\$2.03	\$3.19	\$3.14			\$2.47	\$2.47	\$2.88	\$1.99	\$5.48	\$3.39	\$3.39	\$3.39	\$3.77
	85025 Complete CBC w Auto Diff WBC	5	3		\$6.68	\$11.25	\$10.32			\$8.11	\$8.11	\$13.20	\$6.52	\$18.08	\$11.14	\$11.14	\$11.14	\$11.35
	85027 Complete CBC, Automated	5	3		\$5.56	\$9.14	\$8.59			\$6.75	\$6.75	\$9.96	\$5.42	\$14.97	\$9.27	\$9.27	\$9.27	\$9.39
Immunology	86001 Allergen Specific Igg	5	3		\$4.48	\$8.07	\$6.94			\$5.45	\$5.45	\$7.30	\$4.38	\$16.30	\$7.47	\$7.47	\$7.47	\$5.85
	86003 Allergen Specific Ige	5	3		\$4.48	\$15.62	\$6.94			\$5.45		\$49.17	\$4.38	\$12.15	\$7.47	\$7.47	\$7.47	\$7.89
	86005 Allergen Specific Ige	5	3		\$6.85	\$10.97	\$10.58			\$8.32	\$8.32	\$11.14	\$6.30	\$18.52	\$11.42	\$11.42	\$11.42	\$12.89
Microbiology	87086 Urine Culture/Colony Count	5	3		\$5.51	\$8.84	\$10.72			\$8.42	\$8.42	\$7.35	\$4.37	\$13.34	\$9.19	\$9.19	\$9.19	\$10.65
	87088 Urine Bacteria Culture	5	3	1	\$3.76	\$8.42	\$10.74		1	\$8.45	\$8.45	\$7.36	\$6.79	\$8.74	\$6.26	\$6.26	\$6.26	\$9.17
	87491 Chylmd Trach, DNA, Amp Probe	5	3	1	\$22.39	\$37.50	\$46.59		1	\$27.17	\$27.17	\$23.71	\$29.42	\$60.61		\$37.31	\$37.31	\$39.42
	87591 N.gonorrhoeae, DNA, Amp Prob	5	3	1	\$22.39	\$37.50	\$46.59	t	1	\$27.17	\$27.17	\$23.71	\$29.42	\$60.61	\$37.31	\$37.31	\$37.31	\$39.28
	87880 Strep A Assay w Optic	5	3	<del>                                     </del>	\$9.85	\$16.12	\$15.92	<del>                                     </del>	<del>                                     </del>	\$11.95	\$11.95	\$15.98	\$10.06	\$26.68		\$16.41	\$16.41	\$21.88
Organ or Disease-Oriented Panels	80050 General Health Panel	5	3	1	\$45.03	\$32.42	\$48.56	1	1	\$16.44	\$16.44	\$43.03	\$30.08	\$24.01		Ų.J.11	Ų.U.II	\$52.87
organ or Disease-Officially affets	80053 Comprehen Metabolic Panel	5	3		\$9.08	\$13.86	\$14.03			\$10.44	\$10.44	\$10.77	\$8.86	\$24.60		\$15.14	\$15.14	\$15.08
	80061 Lipid Panel	5	3	1	\$11.51	\$17.90	\$17.78	1	<del>                                     </del>	\$13.98	\$13.98	\$10.77	\$11.23	\$24.00		\$15.14	\$19.14	\$20.11
	00001 Lipiu Fariei	J	J		\$11.31	φ17.9U	φ17.70	I	<u> </u>	\$10.90	\$13.90	φ∠1.UZ	\$11.23	\$Z0.49	\$17.19	\$17.19	\$17.19	\$2U.11

Appendix C: Rates for Lab & Pathology Services

										Po	osted Rates						
Service Group	Procedure w Code	Type of Service Code	Pricing Action Code	Mod1	NH	Avg - Other NE States	СТ	MA Non- Facility	MA Global	Adjusted MA Rate Used	Adjusted ME Rate Used	RI	VT	Medicare - NH Non- Facility	Medicare - NH Facility		All Comm Total Allowed per Unit
Surgical Pathology	88304 Tissue Exam by Pathologist	5	3		\$24.00	\$42.04	\$27.22		\$51.08	\$51.08	\$38.62	\$19.20	\$74.10	\$63.62	\$63.62	\$63.62	\$85.70
	88304 Tissue Exam by Pathologist	5	3	26	\$14.40						\$7.26			\$10.96	\$10.96	\$10.96	\$29.71
	88304 Tissue Exam by Pathologist	5	3	TC	\$9.60						\$31.36			\$52.66	\$52.66	\$52.66	\$45.10
	88305 Tissue Exam by Pathologist	5	3		\$32.00	\$58.35	\$46.60		\$85.81	\$85.81	\$66.25	\$39.42	\$53.65	\$106.15	\$106.15	\$106.15	\$131.13
	88305 Tissue Exam by Pathologist	5	3	26	\$19.20						\$24.94			\$37.40	\$37.40	\$37.40	\$87.32
	88305 Tissue Exam by Pathologist	5	3	TC	\$12.80						\$41.31			\$68.75	\$68.75	\$68.75	\$71.51
	88307 Tissue Exam by Pathologist	5	3		\$32.00	\$118.35	\$82.52		\$158.71	\$158.71	\$132.94	\$67.91	\$149.68	\$217.92	\$217.92	\$217.92	\$250.65
	88307 Tissue Exam by Pathologist	5	3	26	\$19.20						\$53.06			\$80.59	\$80.59	\$80.59	\$170.49
	88307 Tissue Exam by Pathologist	5	3	TC	\$12.80						\$79.88			\$137.32	\$137.32	\$137.32	\$128.99
Urinalysis	81000 Urinalysis, Nonauto w Scope	5	3		\$2.72	\$4.43	\$4.21		\$3.31	\$3.31	\$4.72	\$2.66	\$7.26	\$4.54	\$4.54	\$4.54	\$5.31
	81001 Urinalysis, Auto w Scope	5	3		\$2.72	\$4.33	\$4.21		\$3.31	\$3.31	\$4.20	\$2.66	\$7.26	\$4.54	\$4.54	\$4.54	\$4.73
	81002 Urinalysis Nonauto wo Scope	5	3		\$2.20	\$3.31	\$3.39		\$2.67	\$2.67	\$4.20	\$2.14	\$4.15	\$3.66	\$3.66	\$3.66	\$4.72
	81003 Urinalysis, Auto, wo Scope	5	3		\$1.53	\$3.17	\$2.98		\$2.34	\$2.34	\$4.92	\$1.60	\$4.00	\$2.55	\$2.55	\$2.55	\$3.18
	81025 Urine Pregnancy Test	5	3		\$5.44	\$7.21	\$8.40		\$6.60	\$6.60	\$9.83	\$5.30	\$5.93	\$9.06	\$9.06	\$9.06	\$11.77

<sup>&</sup>lt;sup>1</sup>NH rates from NHAIM GQL as of 8/6/2010

<sup>&</sup>lt;sup>2</sup> CT rates found at: https://www.ctdssmap.com/CTPortal/Provider/Provider%20Fee%20Schedule%20Download/tabld/52/Default.aspx, as of 6/30/2010

<sup>&</sup>lt;sup>3</sup> MA rates found at: http://www.mass.gov/?pageID=eohhs2modulechunk&L=4&L0=Home&L1=Government&L2=Departments+and+Divisions&L3=Division+of+Health+Care+Finance+%26+Policy&sid=Eeohhs2&b=terminalcontent&f=dhcfp\_government\_regs\_related\_pubs&csid=Eeohhs2#114\_3\_17; as of 4/9/2010

<sup>&</sup>lt;sup>4</sup> ME rates found at: http://portalxw.bisoex.state.me.us/oms/proc/pub\_proc.asp?cf=mm; utilizing MIHMS rates as of 9/1/2010 whenever possible

<sup>&</sup>lt;sup>5</sup> RI rates found at: http://www.dhs.ri.gov/ForProvidersVendors/MedicalAssistanceProviders/FeeSchedules/tabid/170/Default.aspx; as of 4/23/2010

<sup>&</sup>lt;sup>6</sup> VT rates found at: http://dvha.vermont.gov/for-providers/2010-fee-schedules; as of 8/24/2010

<sup>&</sup>lt;sup>7</sup> Medicare rates found at: http://www.cms.gov/ClinicalLabFeeSched/02\_clinlab.asp#TopOfPage, using values for carrier 40 (NH) as of 7/1/2010

 $<sup>^8 \</sup> Commercial \ Rates \ from \ CHIS \ data \ generated \ by \ Onpoint: 2010-08-17 \ PHYSICIANSER \ VICES\_20100727.XLS; \ representing \ CY \ 2009$ 

**Appendix C: Rates for Therapy Services** 

				Posted Rates															
Service Group	Procedure w Code	Type of Service Code	Pricing Action Code	NH	Avg - Other NE States	СТ	MA Non- Facility	MA Facility	MA Global	Adjusted MA Rate Used	ME Non- Facility	ME Facility	Adjusted ME Rate Used	RI	VT	Medicare - NH Non- Facility	Medicare - NH Facility	Adjusted Medicare NH Rate Used	All Comm Total Allowed per Unit
Physical and	97001 Pt Evaluation	1	3	\$15.00		\$ 40.35			\$57.35	\$ 57.35			46.47	\$34.26	\$67.34	\$72.51	\$72.51		\$71.86
Occupational	97001 Pt Evaluation	9	3	\$23.25	\$ 49.15	\$ 40.35			\$57.35	\$ 57.35	\$ 46.4	7 \$ 46.47	46.47	\$34.26	\$67.34	\$72.51	\$72.51	\$ 72.51	\$71.86
	97002 Pt Re-Evaluation	1	3	\$13.09		\$ 16.89			\$30.68	\$ 30.68	\$ 24.8		\$24.86	\$13.42	\$35.73	\$39.32	\$39.32	\$ 39.32	\$63.01
	97002 Pt Re-Evaluation	9	3	\$13.09		\$ 16.89			\$30.68	\$ 30.68	\$ 24.8		\$24.86	\$13.42	\$35.73	\$39.32	\$39.32	\$ 39.32	\$63.01
	97003 Ot Evaluation	9	3	\$21.45	\$ 52.93	\$ 47.55			\$61.79	\$ 61.79	\$ 49.0	3 \$ 49.08	\$49.08	\$34.26	\$71.99	\$77.88	\$77.88	\$ 77.88	\$75.69
	97010 Hot or Cold Packs Therapy	1	3	\$23.00	\$ 8.63	\$ 16.40			\$3.79			9 \$ 7.49	\$7.49	\$9.08	\$6.39				\$5.67
	97010 Hot or Cold Packs Therapy	9	3	\$23.00	\$ 8.63	\$ 16.40			\$3.79	\$ 3.79	\$ 7.4	9 \$ 7.49	\$7.49	\$9.08	\$6.39				\$5.67
	97012 Mechanical Traction Therapy	1	3	\$11.72	\$ 10.39	\$ 11.49			\$11.22	\$ 11.22	\$ 9.5	9 \$ 9.59	\$9.59	\$8.46	\$11.19	\$15.14	\$15.14	\$ 15.14	\$6.69
	97012 Mechanical Traction Therapy	9	3	\$11.72	\$ 10.39	\$ 11.49			\$11.22	\$ 11.22	\$ 9.5	9 \$ 9.59	\$9.59	\$8.46	\$11.19	\$15.14	\$15.14	\$ 15.14	\$6.69
	97014 Electric Stimulation Therapy	1	3	\$23.00	\$ 10.39	\$ 9.96			\$11.27	\$ 11.27				\$8.46	\$11.85				\$10.05
	97014 Electric Stimulation Therapy	9	3	\$23.00	\$ 10.39	\$ 9.96			\$11.27	\$ 11.27				\$8.46	\$11.85				\$10.05
	97032 Electrical Stimulation	1	3	\$8.00	\$ 10.73	\$ 10.06			\$12.52	\$ 12.52	\$ 10.7	2 \$ 10.72	\$10.72	\$8.26	\$12.09	\$17.05	\$17.05	\$ 17.05	\$10.51
	97032 Electrical Stimulation	9	3	\$13.22	\$ 10.73	\$ 10.06			\$12.52	\$ 12.52	\$ 10.7	2 \$ 10.72	\$10.72	\$8.26	\$12.09	\$17.05	\$17.05	\$ 17.05	\$10.51
	97033 Electric Current Therapy	1	3	\$11.00	\$ 12.91	\$ 10.73			\$17.34	\$ 17.34	\$ 15.7	1 \$ 15.71	\$15.71	\$8.67	\$12.09	\$26.61	\$26.61	\$ 26.61	\$23.06
	97033 Electric Current Therapy	9	3	\$20.70	\$ 12.91	\$ 10.73			\$17.34	\$ 17.34	\$ 15.7	1 \$ 15.71	\$15.71	\$8.67	\$12.09	\$26.61	\$26.61	\$ 26.61	\$23.06
	97035 Ultrasound Therapy	1	3	\$7.00	\$ 8.72	\$ 8.52			\$9.16	\$ 9.16	\$ 7.6	3 \$ 7.68	\$7.68	\$6.81	\$11.41	\$12.13	\$12.13	\$ 12.13	\$11.08
	97035 Ultrasound Therapy	9	3	\$9.38	\$ 8.72	\$ 8.52			\$9.16	\$ 9.16	\$ 7.6	3 \$ 7.68	\$7.68	\$6.81	\$11.41	\$12.13	\$12.13	\$ 12.13	\$11.08
	97039 Physical Therapy Treatment	9	3	\$18.25	\$ 8.39	\$ 11.30								\$13.86	\$0.00				\$38.99
	97110 Therapeutic Exercises	1	3	\$11.50	\$ 17.85	\$ 15.16			\$21.74	\$ 21.74	\$ 18.6	\$ 18.60	\$18.60	\$15.27	\$18.47	\$29.41	\$29.41	\$ 29.41	\$25.34
	97110 Therapeutic Exercises	9	3	\$22.78	\$ 17.85	\$ 15.16			\$21.74	\$ 21.74	\$ 18.6	\$ 18.60	\$18.60	\$15.27	\$18.47	\$29.41	\$29.41	\$ 29.41	\$25.34
	97112 Neuromuscular Reeducation	1	3	\$11.50	\$ 14.92	\$ 14.66			\$22.82	\$ 22.82	\$ 19.1	\$ 19.15	\$19.15	\$9.91	\$8.04	\$30.56	\$30.56	\$ 30.56	\$27.91
	97112 Neuromuscular Reeducation	9	3	\$23.25	\$ 14.92	\$ 14.66			\$22.82	\$ 22.82	\$ 19.1	\$ 19.15	\$19.15	\$9.91	\$8.04	\$30.56	\$30.56	\$ 30.56	\$27.91
	97113 Aquatic Therapy/Exercises	9	3	\$23.25	\$ 18.37	\$ 16.39			\$26.12	\$ 26.12	\$ 22.5	1 \$ 22.51	\$22.51	\$13.62	\$13.23	\$37.08	\$37.08	\$ 37.08	\$31.30
	97116 Gait Training Therapy	1	3	\$11.50	\$ 11.32	\$ 13.08			\$19.19	\$ 19.19	\$ 16.3	16.31	\$16.31	\$0.00	\$8.04	\$26.03	\$26.03	\$ 26.03	\$23.50
	97116 Gait Training Therapy	9	3	\$20.17	\$ 11.32	\$ 13.08			\$19.19	\$ 19.19	\$ 16.3	1 \$ 16.31	\$16.31	\$0.00	\$8.04	\$26.03	\$26.03	\$ 26.03	\$23.50
	97140 Manual Therapy	1	3	\$13.15	\$ 15.99	\$ 15.42			\$20.33	\$ 20.33	\$ 17.2	9 \$ 17.29	\$17.29	\$9.29	\$17.64	\$27.52	\$27.52	\$ 27.52	\$25.71
	97140 Manual Therapy	9	3	\$21.32	\$ 15.99	\$ 15.42			\$20.33	\$ 20.33	\$ 17.2	9 \$ 17.29	\$17.29	\$9.29	\$17.64	\$27.52	\$27.52	\$ 27.52	\$25.71
	97150 Group Therapeutic Procedures	9	3	\$10.00	\$ 12.88	\$ 12.16			\$13.71	\$ 13.71	\$ 11.6	3 \$ 11.68	\$11.68	\$10.11	\$16.76	\$18.94	\$18.94	\$ 18.94	\$25.72
	97530 Therapeutic Activities	1	3	\$10.50	\$ 18.75	\$ 15.46			\$23.20	\$ 23.20	\$ 19.5	7 \$ 19.57	\$19.57	\$15.89	\$19.64	\$31.72	\$31.72	\$ 31.72	\$27.34
	97530 Therapeutic Activities	9	3	\$23.47	\$ 18.75	\$ 15.46			\$23.20	\$ 23.20	\$ 19.5	7 \$ 19.57	\$19.57	\$15.89	\$19.64	\$31.72	\$31.72	\$ 31.72	\$27.34
	97535 Self Care Mngment Training	1	3	\$10.50	\$ 17.93	\$ 17.92			\$23.47	\$ 23.47	\$ 19.6		\$19.60	\$10.73		\$31.70	\$31.70		\$28.11
	97535 Self Care Mngment Training	9	3	\$21.45	\$ 17.93	\$ 17.92			\$23.47	\$ 23.47	\$ 19.6		\$19.60	\$10.73		\$31.70	\$31.70		\$28.11
	97750 Physical Performance Test	1	3	\$17.00	\$ 16.39	\$ 17.61			\$23.04	\$ 23.04	\$ 19.0	\$ 19.05	\$19.05	\$14.86	\$7.41	\$30.34	\$30.34	\$ 30.34	\$29.32
	97750 Physical Performance Test	9	3	\$17.00		\$ 17.61			\$23.04	\$ 23.04	\$ 19.0		\$19.05	\$14.86	\$7.41		\$30.34	\$ 30.34	\$29.32
	97760 Orthotic Mgmt & Training	1	3	\$17.96		\$ 18.82			\$24.55	\$ 24.55	\$ 20.9		\$20.98	\$16.92	\$26.46		\$33.79	\$ 33.79	\$32.01
	97760 Orthotic Mgmt & Training	9	3	\$17.96	\$ 21.55	\$ 18.82			\$24.55	\$ 24.55	\$ 20.9	3 \$ 20.98	\$20.98	\$16.92	\$26.46	\$33.79	\$33.79	\$ 33.79	\$32.01

## **Appendix C: Rates for Therapy Services**

-											Post	ed Rates							
Service Group	Procedure w Code	Type of Service Code	Pricing Action Code	NH	Avg - Other NE States	СТ	MA Non- Facility	MA Facility	MA Global	Adjusted MA Rate Used	ME Non- Facility	ME Facility	Adjusted ME Rate Used	RI	VT	Medicare - NH Non- Facility	Medicare - NH Facility	Medicare NH Rate	All Comm Total Allowed per Unit
Speech	92506 Speech/Hearing Evaluation	9	3	\$16.80	\$ 65.95	\$ 88.49	\$113.57	\$35.68	\$0.00	\$ 113.57	\$ 94.00	\$ 29.30	\$94.00	\$21.60	\$12.10	\$161.12	\$45.42	\$ 161.12	\$171.77
	92507 Speech/Hearing Therapy	9	3	\$18.38	\$ 33.94	\$ 39.88	\$51.22	\$21.37	\$0.00	\$ 50.41	\$ 39.53	\$ 17.44	\$38.93	\$18.00	\$22.48	\$66.64	\$26.79	\$ 65.55	\$84.67
	92508 Speech/Hearing Therapy	9	3	\$15.00	\$ 15.90	\$ 18.42	\$23.83	\$10.85	\$0.00	\$ 23.83	\$ 18.87	\$ 8.95	\$18.87	\$7.20	\$11.19	\$32.74	\$13.97	\$ 32.74	\$27.70
	92526 Oral Function Therapy	9	3	\$21.73	\$ 45.31	\$ 53.61	\$68.92	\$21.53	\$0.00	\$ 68.92	\$ 50.20	\$ 18.19	\$50.20	\$21.47	\$32.34	\$103.13	\$60.61	\$ 103.13	\$82.42
	92609 Use of Speech Device Service	9	3	\$36.47	\$ 44.01	\$ 45.98			\$58.31	\$ 58.31	\$ 49.64	\$ 49.64	\$49.64	\$33.23	\$32.87	\$90.16	\$90.16	\$ 90.16	\$292.23
	92610 Evaluate Swallowing Function	9	3	\$25.82	\$ 64.46	\$ 77.65		·	\$98.44	\$ 98.44	\$ 47.89	\$ 62.24	\$47.93	\$23.74	\$74.52	\$117.36	\$70.62	\$ 117.22	\$148.23

<sup>&</sup>lt;sup>1</sup>NH rates from NHAIM GQL as of 8/6/2010

<sup>&</sup>lt;sup>2</sup> CT rates found at: https://www.ctdssmap.com/CTPortal/Provider/Provider%20Fee%20Schedule%20Download/tabld/52/Default.aspx, as of 6/30/2010

<sup>&</sup>lt;sup>3</sup> MA rates found at: MA rates found at: http://www.mass.gov/?pageID=eohhs2modulechunk&L=4&L0=Home&L1=Government&L2=Departments+and+Divisions&L3=Division+of+Health+Care+Finance+%26+Policy&sid=Eeohhs2&b=terminalcontent&f=dhcfp\_government\_regs\_related\_pubs&csid=Eeohhs2#114\_3\_17; as of 4/9/2010

<sup>&</sup>lt;sup>4</sup> ME rates found at: http://portalxw.bisoex.state.me.us/oms/proc/pub\_proc.asp?cf=mm; utilizing MIHMS rates as of 9/1/2010 whenever possible

<sup>&</sup>lt;sup>5</sup> RI rates found at: http://www.dhs.ri.gov/ForProvidersVendors/MedicalAssistanceProviders/FeeSchedules/tabid/170/Default.aspx; as of 4/23/2010

<sup>&</sup>lt;sup>6</sup> VT rates found at: http://dvha.vermont.gov/for-providers/2010-fee-schedules; as of 8/24/2010

<sup>&</sup>lt;sup>7</sup> Medicare rates found at: http://www.cms.gov/PhysicianFeeSched/PFSNPAF/itemdetail.asp?filterType=none&filterByDID=0&sortByDID=2&sortOrder=descending&itemID=CMS1237028&intNumPerPage=10, using values for carrier 40 (NH) as of 7/1/2010

<sup>&</sup>lt;sup>8</sup> Commercial Rates from CHIS data generated by Onpoint: 2010-08-17 PHYSICIANSERVICES\_20100727.XLS; representing CY 2009

## **Appendix C: Rates for Dental Services**

		Posted Rates										
Service Group	Procedure w Code	NH	Avg - Other NE States	CT <sup>1</sup>	MA <sup>2,3</sup>	ME <sup>4</sup>	RI <sup>5</sup>	VT <sup>6</sup>	Medicare	Comm		
	D0120 Periodic Oral Evaluation	\$30.50	\$23.90	\$35.00	\$24.50	\$30.00	\$10.00	\$20.00		\$40.53		
Diagnostic	D0140 Limit Oral Eval Problm Focus	\$45.00	\$32.40	\$48.00	\$44.00	\$20.00	\$10.00	\$40.00	NA <sup>T</sup>	\$77.00		
	D0150 Comprehensive Oral Evaluation	\$57.00	\$43.90	\$65.00	\$47.50	\$55.00	\$20.00	\$32.00	NA'	\$78.31		
	D0210 Intraor Complete Film Series	\$58.00	\$63.80	\$101.00	\$78.50	\$43.50	\$40.00	\$56.00	NA <sup>1</sup>	\$124.72		
Diagnostic Imaging	D0272 Dental Bitewings Two Films	\$26.00	\$20.80	\$32.00	\$26.00	\$15.00	\$14.00	\$17.00	NA <sup>T</sup>	\$41.77		
	D0274 Dental Bitewings Four Films	\$32.00	\$31.40	\$48.00	\$38.00	\$20.00	\$22.00	\$29.00	NA'	\$61.11		
	D1120 Dental Prophylaxis Child	\$38.00	\$34.70	\$46.00	\$43.50	\$30.00	\$22.00	\$32.00	NA <sup>1</sup>	\$64.94		
Preventive	D1203 Topical App Fluoride Child	\$18.00	\$20.00	\$29.00	\$26.00	\$12.00	\$18.00	\$15.00	NA <sup>1</sup>	\$31.66		
	D1351 Dental Sealant Per Tooth	\$33.50	\$28.70	\$40.00	\$34.50	\$16.00	\$18.00	\$35.00	NA'	\$132.84		
	D2140 Amalgam One Surface Perm	\$97.00	\$61.20	\$95.00	\$79.00	\$38.00	\$28.00	\$66.00	NA	\$231.12		
	D2150 Amalgam Two Surfaces Perm	\$111.00	\$71.10	\$114.00	\$83.50	\$48.00	\$37.00	\$73.00	NA <sup>T</sup>	\$270.41		
	D2160 Amalgam Three Surfaces Perm	\$127.00	\$91.80	\$145.00	\$98.00	\$81.00	\$46.00	\$89.00	NA <sup>1</sup>	\$299.13		
	D2161 Amalgam 4 or > Surfaces Perm	\$131.00	\$116.70	\$200.00	\$122.50	\$97.00	\$55.00	\$109.00	NA <sup>1</sup>	\$424.88		
	D2330 Resin One Surface-Anterior	\$89.00	\$72.40	\$100.00	\$79.00	\$68.00	\$35.00	\$80.00	NA <sup>1</sup>	\$229.29		
Dootorotivo	D2331 Resin Two Surfaces-Anterior	\$99.00	\$93.60	\$136.00	\$98.00	\$91.00	\$44.00	\$99.00	NA <sup>1</sup>	\$261.80		
Restorative	D2332 Resin Three Surfaces-Anterior	\$120.00	\$114.30	\$170.00	\$122.50	\$109.00	\$54.00	\$116.00	NA'	\$320.97		
	D2391 Post 1 Srfc Resin based Cmpst	\$97.00	\$77.10	\$130.00	\$71.50	\$68.00	\$26.00	\$90.00	NA'	\$229.68		
	D2392 Post 2 Srfc Resin based Cmpst	\$111.00	\$101.40	\$160.00	\$90.00	\$90.00	\$34.00	\$133.00	NA <sup>1</sup>	\$274.43		
	D2393 Post 3 Srfc Resin based Cmpst	\$127.00	\$124.90	\$200.00	\$100.50	\$103.00	\$42.00	\$179.00	NA <sup>1</sup>	\$312.89		
	D2394 Post >=4srfc Resin base Cmpst	\$131.00	\$147.60	\$250.00	\$138.00	\$111.00	\$50.00	\$189.00		\$361.60		
	D2940 Dental Sedative Filling	\$55.00	\$42.90	\$50.00	\$64.50	\$30.00	\$27.00	\$43.00	NA'	\$145.80		
	D3220 Therapeutic Pulpotomy	\$100.00	\$82.20	\$133.00	\$94.00	\$50.00	\$59.00	\$75.00	NA <sup>1</sup>	\$203.68		
Endodontics	D3310 End Thxpy, Anterior Tooth	\$410.00	\$362.30	\$589.00	\$427.50	\$220.00	\$175.00	\$400.00	NA'	\$1,000.11		
Endodontics	D3320 End Thxpy, Bicuspid Tooth	\$500.00	\$444.20	\$758.00	\$502.00	\$251.00	\$210.00	\$500.00	NA'	\$1,103.96		
	D3330 End Thxpy, Molar	\$625.00	\$562.60	\$875.00	\$650.00	\$338.00	\$300.00	\$650.00	NA'	\$1,359.15		
	D7140 Extraction Erupted Tooth/Exr	\$82.00	\$83.60	\$115.00	\$85.00	\$91.00	\$39.00	\$88.00	NA'	\$358.33		
Oral Surgery	D7210 Rem Imp Tooth w Mucoper Flp	\$110.00	\$136.20	\$200.00	\$159.00	\$110.00	\$70.00	\$142.00	NA <sup>T</sup>	\$517.68		
	D7240 Impact Tooth Remov Comp Bony	\$225.00	\$251.10	\$375.00	\$326.50	\$185.00	\$160.00	\$209.00	NA'	\$1,736.33		

### Footnotes:

NA<sup>1</sup> Not paid by Medicare

 $<sup>^{1}\</sup> CT\ rates\ found\ at:\ https://www.ctdssmap.com/CTPortal/Provider/Provider%20Fee%20Schedule%20Download/tabld/52/Default.aspx$ 

<sup>&</sup>lt;sup>2</sup> MA rates found at: http://www.mass.gov/Eeohhs2/docs/dhcfp/g/regs/114\_3\_14.pd

<sup>&</sup>lt;sup>3</sup> MA rates based on an average of the adult and child fees

<sup>&</sup>lt;sup>4</sup> ME rates found at: http://portalxw.bisoex.state.me.us/oms/proc/pub\_proc.asp?cf=mn

<sup>&</sup>lt;sup>5</sup> RI rates found at: http://www.dhs.ri.gov/Portals/0/Uploads/Documents/Public/Fee%20Schedule/d\_codes.pd

<sup>&</sup>lt;sup>6</sup> VT rates found at:http://dvha.vermont.gov/for-providers/dental-procedure-fee-schedule-6-1-09.pdf/view?searchterm=denta

**Appendix C: Rates for Transportation Services** 

								Р	ost	ed Rates					
Benchmarking Service Sub- Group1	Benchmarking Service Sub-Group2	Procedure w Code	Type of Service Code	Pricing Action Code	NH <sup>1</sup>	Avg - Other NE States	CT <sup>2</sup>	$MA^3$		$ME^4$	RI⁵	VT <sup>6</sup>		Medicare - NH <sup>7</sup>	All Comm Total Allowed per Unit <sup>8</sup>
Ambulance	Advanced Life Support	A0426 ALS 1	9	3	\$154.23	\$ 144.89	\$ 218.82	\$ 177.20	\$	141.32	\$ 69.95	\$ 117.1	8 \$	258.45	\$596.75
Transportation		A0427 ALS1-Emergency	9	3	\$175.00	\$ 179.24	\$ 218.82	\$ 280.57	\$	141.32	\$ 69.95	\$ 185.5	4 \$	409.21	\$457.84
and Life Support		A0433 ALS 2	9	3	\$175.00	\$ 271.98		\$ 406.09	\$	141.32		\$ 268.5	4 \$	592.28	\$720.60
	Basic Life Support	A0428 BLS	9	3	\$145.00	\$ 133.37	\$ 218.82	\$ 147.67	\$	132.77	\$ 69.95	\$ 97.6	5 \$	215.37	\$343.47
		A0429 BLS-Emergency	9	3	\$145.00	\$ 163.66	\$ 218.82	\$ 236.27	\$	137.00	\$ 69.95	\$ 156.2	4 \$	344.60	\$341.40
	Ground Mileage	A0425 Ground Mileage	9	3	\$2.60	\$ 2.52	\$ 2.88	\$ 2.93	\$	2.00	\$ 1.75	\$ 3.0	2 \$	6.74	\$14.88
Non-Emergency		T2003 N-Et; Encounter/Trip	9	3	\$10.94										
		T2004 N-Et; Commerc Carrier Pass	9	3	\$27.35										
Rotary Wing		A0431 Rotary Wing Air Transport	9	3	\$1,300.00	\$ 2,779.73	\$ 3,070.00	\$ 3,775.00	\$	2,811.00		\$ 1,462.9	1 \$	3,372.39	\$4,853.33
Specialty Care T	ransport	A0434 Specialty Care Transport	9	3	\$175.00	\$ 311.02		\$ 479.93	\$	135.76		\$ 317.3	7 \$	699.96	\$750.00
Transportation A	ncillary	A0170 Transport Parking Fees/Tolls	9	Т	\$2.46	\$ 250.18	MP <sup>9</sup>		\$	500.00		\$ 0.3	5		\$5.83
		T2007 Non-Emer Transport Wait Time	9	3	\$3.28										
Wheelchair Van	Wheelchair Van	A0130 NonER Transport Wheelch Van	9	3	\$27.35	\$ 18.03		\$ 20.94	\$	24.28	\$ 25.65	\$ 1.2	5		\$7.00
	Mileage	S0209 Wc Van Mileage Per Mi	9	T	\$2.46	\$ 1.45			\$	1.65		\$ 1.2	5		

<sup>&</sup>lt;sup>1</sup> NH rates from NHAIM GQL as of 8/6/2010

<sup>&</sup>lt;sup>2</sup> CT rates found at: https://www.ctdssmap.com/CTPortal/Provider/Provider%20Fee%20Schedule%20Download/tabld/52/Default.aspx, as of 6/30/2010

<sup>&</sup>lt;sup>3</sup> MA rates found at: MA rates found at: http://www.mass.gov/?pageID=eohhs2modulechunk&L=4&L0=Home&L1=Government&L2=Departments+and+Divisions&L3=Division+of+Health+Care+Finance+%26+Policy&sid=Eeohhs2&b=terminalcontent&f=dhcfp\_government\_regs\_related\_pubs&csid=Eeohhs2#114\_3\_17; as of 4/9/2010

<sup>&</sup>lt;sup>4</sup> ME rates found at: http://portalxw.bisoex.state.me.us/oms/proc/pub\_proc.asp?cf=mm; utilizing MIHMS rates as of 9/1/2010 whenever possible

<sup>&</sup>lt;sup>b</sup> RI rates found at: http://www.dhs.ri.gov/ForProvidersVendors/MedicalAssistanceProviders/FeeSchedules/tabid/170/Default.aspx; as of 4/23/2010

<sup>&</sup>lt;sup>6</sup> VT rates found at: http://dvha.vermont.gov/for-providers/2010-fee-schedules; as of 8/24/2010

<sup>&</sup>lt;sup>7</sup> Medicare rates found at: http://www.cms.gov/AmbulanceFeeSchedule/02\_afspuf.asp, using values for carrier 40 (NH) as of 7/1/2010

<sup>&</sup>lt;sup>8</sup> Commercial Rates from CHIS data generated by Onpoint: 2010-08-17 PHYSICIANSERVICES\_20100727 XLS; representing CY 2009

<sup>&</sup>lt;sup>9</sup>MP indicates that procedure is set up for manual or other pricing not available in fee schedule

## **Appendix C: Rates for Anesthesia Services**

						Po	sted Rates	3			
Service Group	Type of Service Code	Pricing Action Code		Avg - Other NE States	CT <sup>2</sup>	$MA^3$	$ME^4$	RI <sup>5</sup>	VT <sup>6</sup>	Medicare - NH <sup>7</sup>	All Comm Total Allowed per Unit <sup>8</sup>
Anesthesia Base Rate - CPTs with either AA or Blank Modifier	7	3	\$ 13.45	\$ 17.26		\$ 19.67	\$ 13.97		\$ 18.15	\$ 20.86	

### Footnotes

 $http://www.mass.gov/?pageID=eohhs2modulechunk\&L=4\&L0=Home\&L1=Government\&L2=Departments+and+Divisions\&L3=Division+of+Health+Care+Finance+%26+Policy\&sid=Eeohhs2\&b=terminalcontent&f=dhcfp\_qovernment\_regs\_related\_pubs\&csid=Eeohhs2\#114\_3\_17; as of 4/9/2010$ 

<sup>&</sup>lt;sup>1</sup> NH rates from NHAIM GQL as of 8/6/2010

<sup>&</sup>lt;sup>2</sup> CT calculates rate for each CPT code, not able to find anything that discusses whether base and time units are added together or not. Impossible to benchmark without knowing typical number of units for a procedure

<sup>&</sup>lt;sup>3</sup> MA rates found at: MA rates found at:

<sup>&</sup>lt;sup>4</sup>ME rate obtained via email from MaineCare Services staff on 10/13/2010

<sup>&</sup>lt;sup>4</sup> RI rates reimbursed at 25% of the amount allowed to the primary surgeon for that procedure. There is NOT a one-to-one relationship between surgical codes and anesthesia codes, so this would be very difficult to tie back to the anesthesia codes we've identified.

<sup>&</sup>lt;sup>5</sup> VT rate provided by Office of Vermont Health Access; as of 10/01/2010

<sup>&</sup>lt;sup>6</sup> Medicare rates found at: http://www.medicarenhic.com/ne\_prov/fees/AnesthesiaCF060110.pdf

<sup>&</sup>lt;sup>7</sup> Commercial rates are impossible to determine given the various payers, providers and agreements between each

## **Appendix C: Rates for Interpreter Services**

											Posted Ra	ates			
Service Group	Service Sub-Group	Procedure w Code	Type of Service Code	Pricing Action Code	Mod1	Mod2	NH <sup>1</sup>	Avg - Other NE States	CT <sup>2</sup>	$MA^3$	ME <sup>4</sup>	Rl⁵	VT <sup>6</sup>	Medicare -	All Comm Total Allowed per Unit <sup>8</sup>
Interpreter Services	Hearing Impaired	T1013 Sign Lang/Oral Interpreter	1	3	UA	U1	\$6.25	\$16.67	\$15.00		\$20.00		\$15.00		
	Foreign Language	T1013 Sign Lang/Oral Interpreter	1	3	UC	U1	\$3.75	\$16.67	\$15.00		\$20.00		\$15.00		
		T1013 Sign Lang/Oral Interpreter	1	3	UA	U2	\$2.25	\$16.67	\$15.00		\$20.00		\$15.00		
	(Use for 5th Unit and Over)	T1013 Sign Lang/Oral Interpreter	1	3	UC	U2	\$2.25	\$16.67	\$15.00	•	\$20.00		\$15.00		

<sup>&</sup>lt;sup>1</sup> NH rates from NHAIM GQL as of 8/6/2010

<sup>&</sup>lt;sup>2</sup> CT rates found at: https://www.ctdssmap.com/CTPortal/Provider/Provider%20Fee%20Schedule%20Download/tabld/52/Default.aspx, as of 6/30/2010

<sup>&</sup>lt;sup>3</sup> MA does not pay for this service

<sup>&</sup>lt;sup>4</sup> ME rates found at: http://portalxw.bisoex.state.me.us/oms/proc/pub\_proc.asp?cf=mm; utilizing MIHMS rates as of 9/1/2010 whenever possible

<sup>&</sup>lt;sup>5</sup> RI does not pay for this service

<sup>&</sup>lt;sup>6</sup> VT rates found at: http://dvha.vermont.gov/for-providers/2010-fee-schedules; as of 8/24/2010

<sup>&</sup>lt;sup>7</sup> Medicare does not pay for this service

<sup>&</sup>lt;sup>8</sup> Commercial does not pay for this service

# **Appendix D: NH Medicaid Rate Change Details**

This appendix contains detail on the NH Medicaid rate changes in State Fiscal Year 2010.

## **Summary and Index**

The table below summarizes the NH Medicaid rate changes in State Fiscal Year 2010. The rate changes are organized by Control Memo (CM), which represents the system change for the rate modification. Where there is more than one rate change for a CM, please refer to the table with the correct CM for information on the modification.

Control Memo	Description	Old Rate	New Rate	Effective Date
S2637	Mental Health Center Diagnostic and Psychotherapy Rates	See Table	See Table	7/1/2009
S2638	Mental Health Center Therapeutic Behavioral Service per Diem (IROS/FSS) Code H2020	\$107.00	\$120.00	7/1/2009
S2752	Hillcrest Educational Center	See Table	See Table	7/1/2009
S2762	Whitney Academy	\$216.07	\$240.36	7/1/2009
S2769	Rate changes for ISO foster care services	See Table	See Table	7/1/2009
S2770	Rate changes for residential childcare providers	See Table	See Table	7/1/2009
S2776	Shelter Care Facilities	See Table	See Table	7/1/2009
S2777	St. Ann's Home	\$161.25	\$170.87	7/1/2009
S2783	Home-based Therapeutic Service Rate	\$0.00	\$57.36	7/1/2009
S2784	Easter Seal - Home-based Therapeutic Service Rate	\$0.00	\$57.36	7/13/2010
S2786	NH Optical Rate Changes Code 92390	\$11.45	\$12.00	7/1/2009
S2796	Medicaid Rate Change – NFI – Riverside School	\$97.49	\$74.05	7/1/2009
S2801	Medicaid Rate Change – Spurwink School - Maine	\$401.03	\$391.02	8/1/2009
S2821	New peer group for Coos County Hospitals to pay for maternity services at 300% of base rate	See Table	See Table	7/1/2009
S2836	Mental Health Center Rate Change for Codes H0034, H2015, H2019, S9484, T1027	\$26.54	\$24.27	10/15/2009
S2839	H1N1 Vaccine billing	\$0.00	\$0.01 & \$3.05	10/8/2009
S2859	Per Diem rate change for Youville Hospital	\$907.24	\$925.21	10/1/2009
S2864	Accommodation Rate Tables for Franciscan Hospital	\$1,091.91	\$1,097.68	10/1/2009
S2865	Accommodation Rate Tables for the Spaulding Rehabilitation Hospital	\$900.35	\$913.28	10/1/2009

Control Memo	Description	Old Rate	New Rate	Effective Date
S2870	Limit nursing facility payments to the lesser of the billed amount or the allowed amount	No specific rate change	No specific rate change	11/12/2009
S2891	Choices For Independence (CFI) Adult Family Care Service Changes	See Table	See Table	1/1/2010
S2892	Temporary CFI skilled nurse in home health setting rate change – On 7/1/2010 rate reverts back to rate in effect prior to 1/1/2010	\$22.18	\$22.71	01/01/2010 - 6/30/2010
S2915	Relative Weight Update for Psych DRG Codes 880-887. Update the DRG Outlier Amounts with the table below for Psych codes 880-887, in Peer Groups 02 (DPU) and 06 (DRF- Elliot).	See Table	See Table	3/1/2010
S2916	Interim Rates for Outpatient Hospital Providers	See Table	See Table	1/15/2010
S2924	Changes to Processing of Revenue Code 0510 Clinic General, 09xx Professional Fee, Physical Therapies, Occupational Therapies, Speech Therapies and Radiology services billed as Outpatient Hospital Services	See Table	See Table	4/1/2010
S2932	H0020 - Alcohol &/or Drug services: Methadone admin and/or services TOS 1. H0033 – oral medication administration, direct observation TOS 1.	\$15.00	\$10.22	4/1/2010
S2934	Inpatient Hospital IME Suspension (Concord, Dartmouth Hitchcock, So. NH Regional)	No specific rate change	No specific rate change	4/1/2010
S2936	Revised the DRG rate Table and any other tables to set all DRG Trim Points to 999 for all DRGs except Neonatal DRGs 789 through 794 in Peer Groups 01 and 07.	No specific rate change	No specific rate change	4/1/2010
S2950	Professional Services Roll-Back 08/09 Rate Increases for Adult Medical Daycare, Ambulance, Wheelchair Van Services, Personal Care, Diagnostic Radiology, Diagnostic Lab (60% of Medicare) and Physician/Professional Services (80% of Medicare).	See Table	See Table	4/1/2010
S2960	Skilled nursing and home health aid payment method revision	See Table	See Table	4/1/2010
S2982	CFI Rate Changes	See Table	See Table	4/30/2010 & 5/1/2010
S2992	TOS 8 Rate & PAC Changes	See Table	See Table	4/1/2010
S3026	FQHC T1015 Encounter Rate for Coos	\$136.43	\$139.56	6/1/2010
S3035	Levonorgestrel-releasing IUD - PC J7302	\$515.29	\$708.67	3/1/2010

**S2637 - Mental Health Center Diagnostic and Psychotherapy Rates** 

Procedure Code	Service Description	Modifier	Old Rate	New Rate
90801-HO	Psychiatric Diagnostic Interview Examination - performed by qualified staff per He-M 426.08 (h)-(i)	НО	\$159.87	\$87.82
90804	Individual Psychotherapy 20-30 minutes	HE	\$53.29	\$32.50
90805	Individual Psychotherapy w med mgmt 20- 30 minutes face to face	HE	\$66.61	\$32.50
90806	Individual Psychotherapy 45-50 minutes	HE	\$79.93	\$65.00
90807	Individual Psychotherapy w med mgmt 45- 50 minutes face to face	HE	\$119.89	\$65.00
90808	Individual Psychotherapy 75-80 minutes	HE	\$133.21	\$72.00

## **S2752 - Hillcrest Educational Center**

Provider Name	Old PNMI Rate	New PNMI Rate
Hillcrest – Brookside	147.54	152.49
Hillcrest – High Point	147.54	152.49
Hillcrest – Hillcrest Center	147.54	152.49
Hillcrest – Intensive	237.87	245.87

PNMI = Private Non-Medical Institution

**S2769 - Rate Changes for ISO Foster Care Services** 

Provider Name	Old Rate	New Rate
Easter Seals	\$119.74	\$80.76
Lutheran Social Service	\$78.89	\$72.32
Casey Family Services	\$110.86	\$105.19
Child & Family Services	\$86.96	\$110.85
LifeShare	\$97.39	\$102.58
Spaulding Youth Center	\$126.02	\$135.02
Northern Human Services	\$107.07	\$132.96

**S2770 - Rate Changes for Residential Childcare Providers** 

Provider Name	Old PNMI Rate	New PNMI Rate
Chase Home	74.13	89.36
Child & Family Services	116.61	117.34
Crotched Mt. Group Home	144.59	118.93
Crotched Mt. Apt. Living	120.43	99.06
Davenport School	137.58	140.26
Dover Children's Home	71.68	69.51
Easter Seals – Female Program	150.84	155.80
Easter Seals – Male Program	158.80	162.25
Easter Seals – Lancaster	152.27	157.33
Easter Seals – Zachary Road	192.31	201.91
Eckerd Camp E-Toh-Anee	74.45	121.30
Hannah House	98.23	94.78
Malley Farm - Intermediate	71.32	91.83
Mount Prospect	96.60	89.67
Nashua Children's Home	121.63	118.04
New England Salem	94.35	66.29
Northern NY Youth Services	101.40	111.06
Odyssey House – ATC	150.70	136.57
Orion House	69.42	69.33
Our House	104.62	105.40
Phoenix Academy	73.40	71.43
Pine Haven Boys Center	156.30	159.06
Spaulding - Autistic	165.03	161.82
Spaulding – Cutter Wiggins	138.81	145.54
Spaulding – ED Program	87.47	82.76
Webster House	69.45	83.74

PNMI = Private Non-Medical Institution

**S2776 - Shelter Care Facilities** 

Provider Name	Old PNMI Rate	New PNMI Rate
Lutheran - Antrim	114.25	112.02
NFI North – North Country	118.93	106.46
NFI North - Midway	127.47	107.63

# S2821 - New Peer Group for Coos County Hospitals to Pay for Maternity Services at 300% of Base Rate

Reimburse inpatient maternity and newborn services (DRGs listed in Table #1 below) at 300% of the base NH Medicaid DRG rate

DRG Code	DRG Description
765	Cesarean section w CC/MCC
766	Cesarean section w/o CC/MCC
767	Vaginal delivery w sterilization &/or D&C
768	Vag deliv w O.R. proc no steril or D&C
774	Vaginal delivery w complicating diag
775	Vaginal delivery w/o complicating diag
789	Neonates, died or transferred
790	Extreme immaturity or resp distress
791	Prematurity w major problems
792	Prematurity w/o major problems
793	Full term neonate w major problems
794	Neonate w other significant problems
795	Normal newborn

# S2891 - Choices For Independence (CFI) Adult Family Care Service Changes

The service levels are being updated to two levels of care within the two types: Adult Family Care and Adult Family Care/Kinship. Adult Family Care means a non-relative is providing the care and Kinship Care means a relative is providing the care. Level 1 is for clients requiring less care and level 2 for clients requiring more care.

Old AFC services setup	Old Rate
S5140 HC U1, Adult Family Care	\$25 per diem
S5140 HC U2, Adult Family Care Admin Fee	\$5.00 per day, 5 days a week.
S5140 HC U3, Adult Family Care Placement Fee	\$200 one time fee
S5140 HC U4, Adult Family Care Special Daily Rates	\$ set by PA
New AFC services setup	New Rate
S5140 HC U1, Adult Family Care - Level I	\$52.11 per diem
S5140 HC U2, Adult Family Care - Level II	\$67.17 per diem
S5140 HC U4, Adult Family Care Special Daily Rates	\$ set by PA
S5140 HC U5, Kinship Care - Level I	\$52.91 per diem
S5140 HC U6, Kinship Care - Level II	\$68.16 per diem

# S2915 - Relative Weight and Outlier Amount Updates for Psych DRG Codes 880-887, in Peer Groups 02 (DPU) and 06 (DRF-Elliot)

Update relative weights for Psych DRG codes 880 through 887 in Peer Groups 02 (Distinct Part Unit), 04 (Designated Receiving Facility - Androscoggin Valley Hospital), 05 (Portsmouth Pavilion) and 06

(Designated Receiving Facility - Elliot)

Code	Description	Relative Weight
880	ACUTE ADJUSTMENT REACTION & PSYCHOSOCIAL DYSFUNCTION	0.6191
881	DEPRESSIVE NEUROSES	0.6048
882	NEUROSES EXCEPT DEPRESSIVE	0.6676
883	DISORDERS OF PERSONALITY & IMPULSE CONTROL	1.1188
884	ORGANIC DISTURBANCES & MENTAL RETARDATION	0.9452
885	PSYCHOSES	0.8899
886	BEHAVIORAL & DEVELOPMENTAL DISORDERS	0.7895
887	OTHER MENTAL DISORDER DIAGNOSES	0.8336

## Peer Group 2

Price	Relative Weight	LOS	Trim pt	Outlier
\$1,927.88	0.6191	2.4	51	\$803.28
\$1,883.35	0.6048	3.1	12	\$607.53
\$2,078.91	0.6676	3.1	22	\$670.62
\$3,483.95	1.1188	4.9	18	\$711.01
\$2,943.36	0.9452	4.2	19	\$700.80
\$2,771.16	0.8899	5.5	20	\$503.85
\$2,458.51	0.7895	3.7	18	\$664.46
\$2,595.84	0.8336	3.1	17	\$837.37

## Peer Group 6

T GOT GLOUP				
Price	Relative Weight	LOS	Trim pt	Outlier
\$2,206.60	0.6191	2.4	57	\$919.42
\$2,155.63	0.6048	3.1	16	\$695.37
\$2,379.47	0.6676	3.1	16	\$767.57
\$3,987.64	1.1188	4.9	16	\$813.80
\$3,368.89	0.9452	4.2	17	\$802.12
\$3,171.79	0.8899	5.5	18	\$576.69
\$2,813.94	0.7895	3.7	16	\$760.53
\$2,971.13	0.8336	3.1	15	\$958.43

## AMENDED REQUEST: Update Geometric Mean LOS for DRG's 880-887

DRG Code	Geometric Mean LOS
880	2.4
881	3.1
882	3.1
883	4.9
884	4.2
885	5.5
886	3.7
887	3.1

# S2916 - Outpatient Interim Rate

Facility	Old Percentage	New Percentage
Concord Hospital	0.24	0.22
Mary Hitchcock Hospital	0.35	0.23
So. NH Medical Ctr	0.22	0.2
Frisbie Memorial Hosp	0.25	0.23

# S2924 - Changes to Processing of Revenue Code 0510 Clinic General, 09xx Professional Fee, Physical Therapies, Occupational Therapies, Speech Therapies and Radiology services billed as Outpatient Hospital Services.

1. Deactivate the revenue codes listed in Table #1. Deny claims submitted with clinic and professional fee revenue codes listed in Table #1, utilizing an EOB to notify providers that these revenue codes are no longer billable.

Table #1: Revenue Codes to Deactivate

Table #1. P	Revenue Codes to Deactivate
Revenue Code	Revenue Code Description
510	Clinic
960	Professional Fee General
961	Professional Fee Psychiatric
962	Professional Fee Ophthalmology
963	Professional Fee Anesthesiologist (MD)
964	Professional Fee Anesthetist (RN)
969	Professional Fee Other
971	Professional Fee Laboratory
972	Professional Fee Radiology Diagnostic
973	Professional Fee Radiology Therapeutic
974	Professional Fee Radiology Nuclear Medicine
976	Professional Fee Respiratory Therapy
977	Professional Fee Physical Therapy
978	Professional Fee Occupational Therapy
979	Professional Fee Speech Pathology
982	Professional Fee Outpatient Service
983	Professional Fee Casting
984	Pro Fee Soc Services
985	Professional Fee EKG
986	Professional Fee EEG
987	Professional Fee Hospital Visit
988	Pro Fee Consult
989	Pro Fee Private Nurse

2. Activate the revenue codes listed in Table #2

Table #2: Revenue Codes to Activate

Revenue Code	Revenue Code Description
516	Urgent Care Clinic
761	Treatment Room
771	Vaccine Administration

3. Enable reimbursement of revenue code 0771 via approved CPT codes submitted with this revenue code, as listed in Table #3

Table #3: Immunization Administration CPT Codes Allowable with Revenue Code 0761

<b>CPT Code</b>	CPT Description
90465	Immunization administration younger than 8 years of age (includes percutaneous, intradermal, subcutaneous, or intramuscular injections) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid), per day (do not report in conjunction with 90467)
90466	Each additional injection (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure) (use in conjunction with 90465 or 90467)
90467	Immunization administration younger than 8 years of age (includes intranasal or oral routes of administration) when the physician counsels the patient/family; first injection (single or combination vaccine/toxoid), per day (do not report in conjunction with 90465)
90468	Each additional administration (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure) (use in conjunction with 90465 or 90467)
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid) (do not report in conjunction with 90473)
90472	Each additional vaccine (single or combination vaccine/toxoid), per day (List separately in addition to code for primary procedure) (use in conjunction with 90471 or 90473)
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid), per day (do not report in conjunction with 90471)
90474	Each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) (use in conjunction with 90471 or 90473)

Note: The G-code for the H1N1 and the other immunizations like MMR TD. These codes are administrations that need to include the actual vaccine. The vaccine billed under Rev Code 0636

Enable reimbursement of 0761 via approved CPT codes submitted with this revenue code, as listed in following table:

<b>CPT Code</b>	CPT Description
59025	Fetal Non-Stress Test
96372	Ther/Proph/Diag Inj, Sc/Im
96376	Tx/Pro/Dx Inj Same Drug Adon

- 4. Enable reimbursement of 0516 using our usual outpatient hospital payment methodology. We anticipate a very wide range of CPT codes will appear with this revenue code.
- 5. For services billed on an Outpatient claim form for revenue codes 42x (Physical Therapies), 43x (Occupational Therapies) and 44x (Speech Therapies), pay these claims from the Fee Schedule, as it is done now for Professional Claims.
- 6. For services billed on an Outpatient claim form for revenue codes 32x (Radiology Diagnostic), 33x (Radiology Therapeutic), 34x (Nuclear Medicine), 35x (CT Scan), 40x (X-ray Services) and 61x (MRI), pay these claims from the Fee Schedule, as it is done now for Professional Claims.

S2950 - Professional Services Roll-Back 08/09 Rate Increases for Adult Medical Daycare, Ambulance, Wheelchair Van Services, Personal Care, Diagnostic Radiology, Diagnostic Lab (60% of Medicare) and Physician/Professional Services (80% of Medicare).

## ADULT MEDICAL DAYCARE

Procedure Code	Fund Code	Modifier Code 1	Modifier Code 2	TOS	Old Rate	New Rate
S5102	S5102 A ~		~	9	\$50.22	\$49.24
	J	~	~	9	\$50.22	\$49.24
	N	HC	U2	9	\$50.22	\$49.24

## ADVANCED LIFE SUPPORT (ALS) & BASIC LIFE SUPPORT (BLS)

Procedure	TOS	Old	New	
Code		Rate	Rate	
A0425	9	\$2.96	\$2.60	

## WHEELCHAIR VAN

Procedure Code	Fund Code	Modifier Code 1	Modifier Code 2	TOS	Old Rate	New Rate
A0130	Α	~	~	9	\$27.90	\$27.35
	J	GY	HR	9	\$27.90	\$27.35
		HN	~	9	\$27.90	\$27.35
		NH	?	9	\$27.90	\$27.35
		RP	?	9	\$27.90	\$27.35
		?	?	9	\$27.90	\$27.35
A0170	Α	?	?	9	\$2.51	\$2.46
	J	?	~	9	\$2.51	\$2.46
S0209	Α	?	?	9	\$2.51	\$2.46
	J	HN	?	9	\$2.51	\$2.46
		NH	~	9	\$2.51	\$2.46
		RP	~	9	\$2.51	\$2.46
	J	?	?	9	\$2.51	\$2.46
T2003	Α	?	?	9	\$11.16	\$10.94
	Η	?	?	9	\$11.16	\$10.94
	J	RE	~	9	\$11.16	\$10.94
	J	~	~	9	\$11.16	\$10.94
	Ν	HC	U2	9	\$11.16	\$10.94
	Ν	~	~	9	\$11.16	\$10.94

Procedure Code	Procedure Fund Code Code		Modifier Code 2	TOS	Old Rate	New Rate
T2004	Α	?	?	9	\$27.90	\$27.35
	J	?	?	9	\$27.90	\$27.35
T2007	Α	?	?	9	\$3.35	\$3.28
	J	~	~	9	\$3.35	\$3.28

## PERSONAL CARE SERVICES

Procedure Code	Fund Code	Modifier Code 1	Modifier Code 2	Modifier Code 3	TOS	Old Rate	New Rate
T1019	Α	~	~	~	9	\$4.47	\$4.38
T1019	J	~	~	~	9	\$4.47	\$4.38
T1019	N	10	U1	UF	9	\$4.47	\$4.38
T1019	N	НВ	U1	~	9	\$4.47	\$4.38
T1019	N	~	U2	~	9	\$4.47	\$4.38
T1019	N	HC	U1	UF	9	\$4.47	\$4.38
T1019	N	~	~	UG	9	\$4.47	\$4.38
T1019	N	~	~	UH	9	\$4.47	\$4.38
T1019	N	~	~	~	9	\$4.47	\$4.38
T1019	N		U2	UF	9	\$4.47	\$4.38
T1019	N	~	~	UG	9	\$4.47	\$4.38
T1019	N	~	~	UH	9	\$4.47	\$4.38
T1019	Ν	7	7	7	9	\$4.47	\$4.38
T1019	Ν	7	U3	UF	9	\$4.47	\$4.38
T1019	Ν	7	UF	7	9	\$4.47	\$4.52
T1019	Ν	~	UG	~	9	\$4.47	\$4.53
T1019	Ν	~	UI	~	9	\$4.47	\$4.54
T1019	Ν	~	~	~	9	\$4.47	\$4.55
T1019	N	U1	HC	~	9	\$4.47	\$4.38

## **IMAGING AND RADIOLOGY**

			Old	Full Rate an	d Ratios	New	Ratios	
Procedure Code	TOS	PAC	Max Allowed Amount	Technical Component %	Professional Component %	Max Allowed Amount	Technical Component %	Professional Component %
70030	4	3	\$20.00	50.00%	50.00%	\$20.00	69.60%	30.40%
70100	4	3	\$15.00	50.00%	50.00%	\$15.00	71.00%	29.00%
70140	4	3	\$15.00	50.00%	50.00%	\$15.00	68.20%	31.80%
70210	4	3	\$15.55	50.00%	50.00%	\$15.55	71.10%	28.90%
70220	4	3	\$24.00	50.00%	50.00%	\$23.99	68.10%	31.90%
70240	4	3	\$20.00	60.00%	40.00%	\$20.00	67.00%	33.00%
70328	4	3	\$15.00	40.00%	60.00%	\$15.00	70.30%	29.70%
70330	4	3	\$20.00	50.00%	50.00%	\$20.00	73.80%	26.20%
70355	4	3	\$23.00	55.00%	45.00%	\$17.03	51.90%	48.10%
70450	4	3	\$150.00	75.00%	25.00%	\$150.00	78.60%	21.40%
70540	4	3	\$288.00	80.00%	20.00%	\$288.00	84.50%	15.50%
71030	4	3	\$25.00	50.00%	50.00%	\$25.01	66.10%	33.90%
71035	4	3	\$15.00	50.00%	50.00%	\$15.00	73.10%	26.90%
71550	4	3	\$294.00	80.00%	20.00%	\$294.00	83.40%	16.60%
72010	4	3	\$35.00	40.00%	60.00%	\$35.00	68.40%	31.60%
72020	4	3	\$15.00	50.00%	50.00%	\$15.00	66.80%	33.20%
72040	4	3	\$20.00	55.00%	45.00%	\$20.01	69.50%	30.60%
72069	4	3	\$40.00	55.00%	45.00%	\$27.94	68.10%	31.90%
72072	4	3	\$20.00	50.00%	50.00%	\$20.00	70.40%	29.60%
72074	4	3	\$25.00	50.00%	50.00%	\$25.00	74.70%	25.30%
72130	4	3	\$349.22	84.00%	16.00%	\$302.85	83.30%	16.70%
72141	4	3	\$350.00	80.00%	20.00%	\$350.00	82.10%	17.90%
72148	4	3	\$306.00	80.00%	20.00%	\$306.00	83.20%	16.80%
72156	4	3	\$560.80	80.00%	20.00%	\$546.98	81.30%	18.70%
72170	4	3	\$15.00	50.00%	50.00%	\$15.01	66.50%	33.60%
72193	4	3	\$154.00	70.00%	30.00%	\$153.99	80.40%	19.60%
72220	4	3	\$20.50	67.00%	33.00%	\$20.50	70.40%	29.60%
72255	4	3	\$120.00	75.00%	25.00%	\$108.65	67.20%	32.80%
73020	4	3	\$12.00	50.00%	50.00%	\$12.01	67.90%	32.20%
73050	4	3	\$20.00	50.00%	50.00%	\$20.00	70.80%	29.20%
73092	4	3	\$15.00	50.00%	50.00%	\$15.00	72.20%	27.80%
73650	4	3	\$20.00	67.00%	33.00%	\$20.00	70.60%	29.40%
73701	4	3	\$154.00	70.00%	30.00%	\$153.99	80.70%	19.30%

			Old	Old Full Rate and Ratios		and Ratios New Full Rate and Ratios		
Procedure Code	TOS	PAC	Max Allowed Amount	Technical Component %	Professional Component %	Max Allowed Amount	Technical Component %	Professional Component %
74181	4	3	\$270.00	46.00%	54.00%	\$270.00	83.40%	16.60%
74246	4	3	\$70.00	55.00%	45.00%	\$70.00	71.70%	28.30%
74300	4	3	\$30.00	50.00%	50.00%	\$14.50	0.00%	100.00%
74410	4	3	\$40.00	50.00%	50.00%	\$40.00	78.20%	21.80%
74415	4	3	\$50.00	60.00%	40.00%	\$50.00	81.30%	18.70%
74455	4	3	\$25.00	44.00%	56.00%	\$25.00	80.80%	19.20%
74475	4	3	\$105.00	80.00%	20.00%	\$90.69	76.20%	23.80%
74480	4	3	\$108.00	80.00%	20.00%	\$90.99	76.30%	23.70%
75605	4	3	\$308.00	90.00%	10.00%	\$187.72	75.00%	25.00%
75625	4	3	\$300.00	75.00%	25.00%	\$186.18	75.30%	24.70%
75630	4	3	\$290.00	85.00%	15.00%	\$217.21	66.60%	33.40%
75650	4	3	\$319.00	86.00%	14.00%	\$201.07	70.20%	29.80%
75680	4	3	\$318.00	80.00%	20.00%	\$231.22	70.90%	29.10%
75685	4	3	\$288.00	85.00%	15.00%	\$205.57	74.20%	25.80%
75705	4	3	\$342.00	80.00%	20.00%	\$239.39	63.60%	36.40%
75710	4	3	\$300.00	85.00%	15.00%	\$199.45	77.20%	22.80%
75716	4	3	\$315.00	85.00%	15.00%	\$226.83	76.80%	23.20%
75722	4	3	\$300.00	15.00%	85.00%	\$195.08	76.20%	23.80%
75724	4	3	\$234.67	85.00%	15.00%	\$230.80	72.80%	27.20%
75726	4	3	\$279.00	88.00%	12.00%	\$197.02	76.80%	23.20%
75736	4	3	\$276.00	90.00%	10.00%	\$276.00	76.80%	23.20%
75743	4	3	\$294.00	80.00%	10.00%	\$209.32	68.00%	32.00%
75756	4	3	\$207.59	0.00%	0.00%	\$205.11	75.80%	24.20%
75774	4	3	\$283.50	95.00%	5.00%	\$141.68	89.90%	10.10%
75827	4	3	\$300.00	90.00%	10.00%	\$179.18	75.20%	24.80%
75833	4	3	\$356.01	0.00%	0.00%	\$206.17	71.60%	28.40%
75860	4	3	\$330.13	0.00%	0.00%	\$184.42	74.70%	25.30%
75885	4	3	\$479.73	85.00%	15.00%	\$193.82	70.20%	29.80%
75894	4	3	\$564.00	90.00%	10.00%	\$561.74	93.40%	6.20%
75940	4	3	\$288.00	90.00%	10.00%	\$286.82	94.70%	4.90%
75960	4	3	\$308.80	90.00%	10.00%	\$173.88	81.00%	19.00%
75962	4	3	\$360.00	95.00%	5.00%	\$188.17	88.50%	11.50%
75964	4	3	\$142.68	0.00%	0.00%	\$114.52	87.30%	12.70%
75966	4	3	\$384.00	90.00%	10.00%	\$224.19	76.20%	23.80%

			Old	Old Full Rate and Ratios		New	New Full Rate and Ratios		
Procedure Code	TOS	PAC	Max Allowed Amount	Technical Component %	Professional Component %	Max Allowed Amount	Technical Component %	Professional Component %	
75978	4	3	\$241.36	96.00%	4.00%	\$186.37	88.60%	11.40%	
76010	4	3	\$60.00	70.00%	30.00%	\$21.86	66.40%	33.60%	
76098	4	3	\$25.00	40.00%	60.00%	\$15.30	57.70%	42.30%	
76376	4	3	\$84.41	93.00%	7.00%	\$59.33	86.20%	13.80%	
76377	4	3	\$107.60	77.00%	23.00%	\$77.22	59.60%	40.40%	
76512	4	3	\$80.00	50.00%	50.00%	\$71.57	44.20%	55.80%	
76513	4	3	\$81.34	0.00%	0.00%	\$66.97	60.20%	39.80%	
76516	4	3	\$60.00	50.00%	50.00%	\$54.26	58.30%	41.70%	
76519	4	3	\$60.00	50.00%	50.00%	\$58.30	60.40%	39.60%	
76536	4	3	\$50.00	50.00%	50.00%	\$50.00	75.50%	24.50%	
76604	4	3	\$60.00	50.00%	50.00%	\$60.00	68.20%	31.80%	
76700	4	3	\$100.00	50.00%	50.00%	\$100.01	70.40%	29.60%	
76705	4	3	\$70.00	50.00%	50.00%	\$70.00	71.70%	28.30%	
76810	4	3	\$138.00	50.00%	50.00%	\$75.87	49.60%	50.40%	
76811	4	3	\$145.89	60.00%	40.00%	\$145.89	51.70%	48.30%	
76815	4	3	\$45.00	40.00%	60.00%	\$45.00	64.50%	35.50%	
76820	4	3	\$56.70	71.00%	29.00%	\$38.74	49.90%	50.10%	
76826	4	3	\$48.00	30.00%	70.00%	\$48.00	65.90%	34.10%	
76827	4	3	\$65.00	57.00%	43.00%	\$53.60	57.90%	42.10%	
76828	4	3	\$41.00	60.00%	40.00%	\$39.54	45.10%	54.90%	
76856	4	3	\$81.00	50.00%	50.00%	\$81.00	71.40%	28.60%	
76857	4	3	\$40.00	50.00%	50.00%	\$40.00	76.90%	23.10%	
76870	4	3	\$60.00	50.00%	50.00%	\$60.00	73.20%	26.80%	
76946	4	3	\$35.00	75.00%	25.00%	\$31.74	53.30%	46.70%	
76977	4	3	\$26.03	74.00%	26.00%	\$9.18	76.60%	23.40%	
77012	4	3	\$187.40	83.00%	17.00%	\$138.99	67.00%	33.00%	
77031	4	3	\$177.02	76.00%	24.00%	\$135.92	53.50%	46.50%	
77032	4	3	\$40.39	63.00%	37.00%	\$40.39	50.40%	49.60%	
77051	4	3	\$9.90	83.00%	17.00%	\$9.17	73.40%	26.50%	
77052	4	3	\$9.90	83.00%	17.00%	\$9.17	73.40%	26.50%	
77080	4	3	\$64.96	91.00%	9.00%	\$50.62	84.40%	15.60%	
77081	4	3	\$23.21	73.00%	27.00%	\$22.70	62.70%	37.30%	
77421	4	3	\$88.72	87.00%	13.00%	\$88.41	82.60%	17.40%	
78000	4	3	\$20.00	50.00%	50.00%	\$20.00	86.00%	14.00%	

			Old Full Rate and Ratios		New Full Rate and Ratios			
Procedure Code	TOS	PAC	Max Allowed Amount	Technical Component %	Professional Component %	Max Allowed Amount	Technical Component %	Professional Component %
78001	4	3	\$25.00	50.00%	50.00%	\$25.00	85.00%	15.00%
78007	4	3	\$60.00	65.00%	35.00%	\$60.00	80.50%	19.50%
78102	4	3	\$60.00	50.00%	50.00%	\$60.00	82.80%	17.20%
78215	4	3	\$70.00	60.00%	40.00%	\$70.00	86.80%	13.20%
78300	4	3	\$60.00	50.00%	50.00%	\$60.00	81.60%	18.40%
78445	4	3	\$75.00	66.00%	33.00%	\$75.00	85.20%	14.80%
78580	4	3	\$75.00	60.00%	40.00%	\$75.00	82.00%	18.00%
78605	4	3	\$80.00	60.00%	40.00%	\$80.00	85.90%	14.10%
78645	4	3	\$90.00	80.00%	55.00%	\$90.00	87.70%	12.30%
78700	4	3	\$50.00	50.00%	50.00%	\$50.00	86.70%	13.30%
78725	4	3	\$50.00	60.00%	40.00%	\$50.01	81.00%	19.00%
79005	4	3	\$120.98	53.00%	47.00%	\$115.42	38.80%	61.20%
93308	4	3	\$50.00	50.00%	50.00%	\$50.00	73.70%	26.30%
93320	4	3	\$57.00	67.00%	33.00%	\$54.83	70.80%	29.20%
93325	4	3	\$65.00	95.00%	5.00%	\$33.14	90.90%	9.10%
93971	4	3	\$76.80	20.00%	80.00%	\$76.80	81.70%	18.30%
94760	4	3	\$7.50	0.00%	0.00%	\$ -	0.00%	0.00%
G0202	4	3	\$81.38	60.00%	40.00%	\$81.38	74.00%	26.00%
G0204	4	3	\$92.03	61.00%	39.00%	\$92.03	72.80%	27.20%

### **LAB AND PATHOLOGY**

Procedure Code	TOS	PAC	Old Rate	New Rate
80047	5	3	\$24.41	\$7.27
80048	5	3	\$9.36	\$7.27
80051	5	3	\$7.75	\$6.03
80053	5	3	\$11.69	\$9.08
80061	5	3	\$14.81	\$11.51
80069	5	3	\$9.60	\$7.46
80074	5	3	\$51.58	\$40.10
80076	5	3	\$9.03	\$7.02
80100	5	3	\$16.08	\$12.50
80101	5	3	\$15.22	\$11.83
80102	5	3	\$14.65	\$11.38
80152	5	3	\$19.79	\$15.38
80154	5	3	\$20.45	\$15.89
80156	5	3	\$16.10	\$12.51
80158	5	3	\$19.96	\$15.52
80160	5	3	\$19.03	\$14.79
80162	5	3	\$14.68	\$11.41
80164	5	3	\$14.98	\$11.64
80168	5	3	\$18.06	\$14.05
80174	5	3	\$19.03	\$14.79
80178	5	3	\$7.30	\$5.68
80182	5	3	\$14.98	\$11.64
80184	5	3	\$12.66	\$9.85
80185	5	3	\$14.66	\$11.39
80186	5	3	\$15.22	\$11.83
80195	5	3	\$8.14	\$6.01
80197	5	3	\$7.73	\$6.01
80198	5	3	\$15.65	\$12.16
80201	5	3	\$13.33	\$10.24
80202	5	3	\$14.98	\$11.64
80299	5	3	\$15.14	\$11.77
80500	5	3	\$16.00	\$12.34
81000	5	3	\$3.50	\$2.72
81001	5	3	\$3.50	\$2.72

Procedure Code	TOS	PAC	Old Rate	New Rate
81002	5	3	\$2.83	\$2.20
81003	5	3	\$1.97	\$1.53
81005	5	3	\$2.40	\$1.86
81015	5	3	\$3.36	\$2.61
81025	5	3	\$6.99	\$5.44
82003	5	3	\$22.37	\$17.39
82017	5	3	\$11.82	\$9.19
82024	5	3	\$42.70	\$33.19
82040	5	3	\$5.48	\$4.25
82043	5	3	\$5.98	\$4.65
82044	5	3	\$5.06	\$3.94
82055	5	3	\$11.94	\$9.28
82088	5	3	\$45.06	\$35.02
82103	5	3	\$14.85	\$11.54
82104	5	3	\$15.98	\$12.43
82105	5	3	\$18.54	\$14.42
82106	5	3	\$18.54	\$14.42
82108	5	3	\$28.18	\$21.89
82120	5	3	\$2.88	\$2.24
82140	5	3	\$16.11	\$12.52
82145	5	3	\$17.18	\$13.36
82150	5	3	\$7.17	\$5.57
82154	5	3	\$31.88	\$24.78
82157	5	3	\$32.37	\$25.16
82164	5	3	\$16.14	\$12.55
82175	5	3	\$20.98	\$16.30
82205	5	3	\$12.66	\$9.85
82232	5	3	\$17.89	\$13.90
82239	5	3	\$18.94	\$14.72
82272	5	3	\$3.63	\$2.80
82274	5	3	\$15.59	\$11.99
82306	5	3	\$32.73	\$25.44
82308	5	3	\$29.61	\$23.02
82310	5	3	\$5.70	\$4.43

Procedure Code	TOS	PAC	Old Rate	New Rate
82330	5	3	\$15.10	\$11.74
82340	5	3	\$6.67	\$5.18
82365	5	3	\$14.26	\$11.08
82374	5	3	\$5.41	\$4.20
82375	5	3	\$11.52	\$8.96
82378	5	3	\$20.98	\$16.30
82380	5	3	\$10.20	\$7.93
82390	5	3	\$11.87	\$9.23
82397	5	3	\$11.82	\$9.19
82435	5	3	\$5.08	\$3.95
82438	5	3	\$5.41	\$4.21
82465	5	3	\$4.82	\$3.74
82491	5	3	\$19.97	\$15.52
82507	5	3	\$23.44	\$18.22
82520	5	3	\$16.75	\$13.02
82523	5	3	\$14.10	\$10.96
82525	5	3	\$13.72	\$10.66
82530	5	3	\$18.48	\$14.36
82533	5	3	\$18.02	\$14.01
82550	5	3	\$7.21	\$5.60
82552	5	3	\$14.81	\$11.51
82553	5	3	\$8.57	\$6.66
82565	5	3	\$5.66	\$4.40
82570	5	3	\$5.72	\$4.45
82575	5	3	\$10.45	\$8.12
82595	5	3	\$7.16	\$5.56
82607	5	3	\$13.27	\$10.31
82626	5	3	\$27.94	\$21.72
82627	5	3	\$24.58	\$19.11
82633	5	3	\$34.25	\$26.62
82634	5	3	\$32.37	\$25.16
82646	5	3	\$22.83	\$17.75
82652	5	3	\$42.55	\$33.08
82656	5	3	\$16.01	\$9.85
82664	5	3	\$37.98	\$29.53

Procedure Code	TOS	PAC	Old Rate	New Rate
82668	5	3	\$20.78	\$16.16
82670	5	3	\$30.90	\$24.01
82672	5	3	\$23.98	\$18.64
82677	5	3	\$26.74	\$20.78
82679	5	3	\$27.60	\$21.45
82705	5	3	\$5.63	\$4.37
82710	5	3	\$18.57	\$14.44
82728	5	3	\$15.06	\$11.71
82746	5	3	\$16.26	\$12.64
82747	5	3	\$15.02	\$11.68
82784	5	3	\$10.28	\$7.99
82785	5	3	\$18.21	\$14.15
82787	5	3	\$4.12	\$3.17
82810	5	3	\$9.65	\$7.50
82941	5	3	\$19.50	\$15.16
82947	5	3	\$4.34	\$3.37
82948	5	3	\$3.50	\$2.72
82950	5	3	\$5.25	\$4.08
82951	5	3	\$14.24	\$11.06
82952	5	3	\$4.34	\$3.37
82955	5	3	\$10.72	\$8.33
82960	5	3	\$6.70	\$5.20
82962	5	3	\$2.62	\$2.01
82963	5	3	\$23.75	\$18.46
82977	5	3	\$7.96	\$6.19
83001	5	3	\$20.55	\$15.97
83002	5	3	\$20.48	\$15.92
83003	5	3	\$18.43	\$14.33
83010	5	3	\$13.90	\$10.81
83036	5	3	\$10.74	\$8.34
83497	5	3	\$14.26	\$11.08
83498	5	3	\$30.03	\$23.35
83516	5	3	\$12.67	\$9.85
83519	5	3	\$14.94	\$11.61
83520	5	3	\$14.31	\$11.12

Procedure Code	тоѕ	PAC	Old Rate	New Rate
83525	5	3	\$12.65	\$9.83
83540	5	3	\$7.16	\$5.57
83550	5	3	\$9.66	\$7.51
83605	5	3	\$11.81	\$9.18
83615	5	3	\$6.68	\$5.18
83631	5	3	\$21.94	\$16.87
83655	5	3	\$13.38	\$10.40
83661	5	3	\$24.30	\$18.89
83690	5	3	\$7.62	\$5.92
83718	5	3	\$9.05	\$7.04
83721	5	3	\$10.14	\$7.88
83735	5	3	\$7.41	\$5.76
83805	5	3	\$19.49	\$15.15
83825	5	3	\$17.98	\$13.97
83835	5	3	\$18.73	\$14.56
83840	5	3	\$18.05	\$14.03
83864	5	3	\$21.60	\$16.79
83866	5	3	\$10.90	\$8.47
83873	5	3	\$19.02	\$14.78
83880	5	3	\$37.94	\$29.17
83883	5	3	\$12.55	\$9.76
83887	5	3	\$26.18	\$20.35
83890	5	3	\$4.43	\$3.44
83892	5	3	\$4.43	\$3.44
83894	5	3	\$4.43	\$3.44
83896	5	3	\$4.43	\$3.44
83898	5	3	\$4.82	\$3.75
83907	5	3	\$14.93	\$11.48
83908	5	3	\$4.88	\$3.75
83909	5	3	\$4.88	\$3.75
83914	5	3	\$4.88	\$3.75
83916	5	3	\$22.23	\$17.28
83918	5	3	\$18.20	\$14.15
83921	5	3	\$18.20	\$14.15
83925	5	3	\$21.51	\$16.72

Procedure Code	TOS	PAC	Old Rate	New Rate
83930	5	3	\$7.30	\$5.68
83935	5	3	\$7.54	\$5.86
83945	5	3	\$14.24	\$11.06
83970	5	3	\$45.63	\$35.47
83986	5	3	\$3.82	\$2.97
84075	5	3	\$5.72	\$4.45
84080	5	3	\$16.35	\$12.71
84100	5	3	\$5.25	\$4.07
84120	5	3	\$16.26	\$12.64
84132	5	3	\$5.08	\$3.95
84133	5	3	\$4.75	\$3.70
84134	5	3	\$16.13	\$12.53
84143	5	3	\$23.94	\$18.61
84144	5	3	\$23.06	\$17.93
84146	5	3	\$21.42	\$16.66
84153	5	3	\$16.05	\$12.47
84155	5	3	\$3.96	\$3.08
84156	5	3	\$4.00	\$3.08
84160	5	3	\$5.72	\$4.45
84163	5	3	\$16.82	\$12.94
84166	5	3	\$19.94	\$15.32
84182	5	3	\$19.90	\$15.47
84202	5	3	\$15.86	\$12.33
84207	5	3	\$31.06	\$24.14
84210	5	3	\$12.01	\$9.33
84238	5	3	\$40.42	\$31.43
84244	5	3	\$24.32	\$18.91
84255	5	3	\$28.22	\$21.94
84260	5	3	\$34.25	\$26.62
84270	5	3	\$24.02	\$18.68
84295	5	3	\$5.14	\$4.00
84300	5	3	\$5.38	\$4.18
84305	5	3	\$18.69	\$14.53
84402	5	3	\$26.88	\$20.90
84403	5	3	\$28.54	\$22.19

Procedure Code	тоѕ	PAC	Old Rate	New Rate
84425	5	3	\$23.48	\$18.25
84432	5	3	\$17.76	\$13.81
84436	5	3	\$6.38	\$4.96
84439	5	3	\$9.97	\$7.75
84443	5	3	\$18.57	\$14.44
84445	5	3	\$56.22	\$43.70
84446	5	3	\$15.68	\$12.19
84450	5	3	\$5.71	\$4.45
84460	5	3	\$5.86	\$4.55
84466	5	3	\$14.12	\$10.97
84478	5	3	\$6.36	\$4.94
84479	5	3	\$6.38	\$4.96
84480	5	3	\$15.68	\$12.19
84481	5	3	\$18.73	\$14.56
84484	5	3	\$10.88	\$8.46
84520	5	3	\$4.36	\$3.39
84540	5	3	\$5.25	\$4.08
84545	5	3	\$7.30	\$5.68
84550	5	3	\$5.00	\$3.88
84560	5	3	\$5.25	\$4.08
84585	5	3	\$17.14	\$13.33
84588	5	3	\$37.53	\$29.17
84590	5	3	\$12.82	\$9.97
84591	5	3	\$12.82	\$9.97
84597	5	3	\$15.15	\$11.78
84600	5	3	\$17.77	\$13.81
84630	5	3	\$12.59	\$9.79
84681	5	3	\$23.00	\$17.88
84702	5	3	\$16.64	\$12.94
84703	5	3	\$8.30	\$6.46
84704	5	3	\$16.82	\$12.94
85004	5	3	\$7.23	\$5.56
85007	5	3	\$2.25	\$1.75
85013	5	3	\$2.62	\$2.03
85014	5	3	\$2.62	\$2.03

Procedure Code	TOS	PAC	Old Rate	New Rate
85018	5	3	\$2.62	\$2.03
85025	5	3	\$8.59	\$6.68
85027	5	3	\$7.16	\$5.56
85041	5	3	\$3.33	\$2.59
85045	5	3	\$4.43	\$3.44
85048	5	3	\$2.36	\$1.83
85049	5	3	\$5.00	\$3.84
85240	5	3	\$19.80	\$15.39
85245	5	3	\$25.38	\$19.72
85246	5	3	\$25.38	\$19.72
85247	5	3	\$25.38	\$19.72
85250	5	3	\$21.05	\$16.36
85300	5	3	\$13.10	\$10.19
85301	5	3	\$11.96	\$9.29
85302	5	3	\$13.29	\$10.33
85303	5	3	\$14.10	\$10.96
85305	5	3	\$12.82	\$9.97
85306	5	3	\$15.80	\$12.28
85307	5	3	\$15.80	\$12.28
85335	5	3	\$14.24	\$11.06
85379	5	3	\$11.25	\$8.74
85384	5	3	\$9.39	\$7.30
85385	5	3	\$9.39	\$7.30
85415	5	3	\$19.01	\$14.78
85597	5	3	\$5.14	\$4.00
85610	5	3	\$4.34	\$3.37
85613	5	3	\$10.58	\$8.22
85635	5	3	\$10.89	\$8.46
85651	5	3	\$3.93	\$3.05
85652	5	3	\$2.98	\$2.32
85660	5	3	\$6.10	\$4.74
85670	5	3	\$6.38	\$4.96
85730	5	3	\$6.64	\$5.16
86001	5	3	\$5.78	\$4.48
86003	5	3	\$5.84	\$4.48

Procedure Code	тоѕ	PAC	Old Rate	New Rate
86005	5	3	\$8.82	\$6.85
86021	5	3	\$16.64	\$12.94
86022	5	3	\$20.30	\$15.79
86038	5	3	\$13.36	\$10.39
86039	5	3	\$12.34	\$9.59
86140	5	3	\$5.72	\$4.45
86141	5	3	\$14.47	\$11.12
86146	5	3	\$15.20	\$11.81
86147	5	3	\$15.20	\$11.81
86148	5	3	\$15.20	\$11.81
86160	5	3	\$13.27	\$10.32
86162	5	3	\$22.46	\$17.46
86215	5	3	\$14.66	\$11.39
86225	5	3	\$15.19	\$11.81
86235	5	3	\$19.82	\$15.41
86294	5	3	\$21.93	\$16.86
86300	5	3	\$23.01	\$17.89
86301	5	3	\$23.01	\$17.89
86304	5	3	\$23.01	\$17.89
86308	5	3	\$5.72	\$4.45
86316	5	3	\$23.01	\$17.89
86317	5	3	\$16.58	\$12.88
86318	5	3	\$14.31	\$11.12
86332	5	3	\$26.94	\$20.95
86336	5	3	\$17.42	\$13.39
86337	5	3	\$23.67	\$18.40
86341	5	3	\$21.87	\$17.00
86355	5	3	\$16.01	\$9.85
86357	5	3	\$16.01	\$9.85
86359	5	3	\$12.67	\$9.85
86360	5	3	\$15.20	\$11.81
86361	5	3	\$12.16	\$9.45
86376	5	3	\$16.09	\$12.50
86382	5	3	\$18.69	\$14.53
86403	5	3	\$11.26	\$8.76

Procedure Code	TOS	PAC	Old Rate	New Rate
86430	5	3	\$6.28	\$4.88
86431	5	3	\$6.28	\$4.88
86580	5	3	\$5.44	\$4.15
86592	5	3	\$4.72	\$3.67
86609	5	3	\$10.79	\$8.39
86611	5	3	\$10.79	\$8.39
86615	5	3	\$14.58	\$11.33
86617	5	3	\$17.12	\$13.31
86618	5	3	\$15.80	\$12.28
86628	5	3	\$13.28	\$10.32
86644	5	3	\$15.91	\$12.37
86645	5	3	\$15.80	\$12.28
86648	5	3	\$10.79	\$8.39
86652	5	3	\$14.58	\$11.33
86658	5	3	\$11.54	\$8.97
86663	5	3	\$14.50	\$11.28
86664	5	3	\$15.80	\$12.28
86665	5	3	\$15.80	\$12.28
86671	5	3	\$10.79	\$8.39
86677	5	3	\$16.04	\$12.47
86682	5	3	\$10.79	\$8.39
86684	5	3	\$10.79	\$8.39
86689	5	3	\$21.40	\$16.63
86694	5	3	\$15.91	\$12.37
86695	5	3	\$14.58	\$11.33
86696	5	3	\$21.40	\$16.63
86701	5	3	\$9.82	\$7.63
86702	5	3	\$11.67	\$9.07
86703	5	3	\$11.67	\$9.07
86704	5	3	\$13.33	\$10.36
86705	5	3	\$13.02	\$10.12
86706	5	3	\$11.87	\$9.23
86707	5	3	\$12.78	\$9.94
86708	5	3	\$13.70	\$10.65
86709	5	3	\$12.44	\$9.67

Procedure Code	тоѕ	PAC	Old Rate	New Rate	
86735	5	3	\$14.42	\$11.21	
86738	5	3	\$11.54	\$8.97	
86747	5	3	\$10.29	\$8.00	
86753	5	3	\$10.29	\$8.00	
86762	5	3	\$15.91	\$12.37	
86765	5	3	\$14.25	\$11.08	
86774	5	3	\$10.29	\$8.00	
86777	5	3	\$15.91	\$12.37	
86778	5	3	\$15.92	\$12.38	
86787	5	3	\$14.25	\$11.08	
86788	5	3	\$15.98	\$12.28	
86789	5	3	\$16.09	\$12.37	
86800	5	3	\$15.42	\$11.99	
86803	5	3	\$14.71	\$11.44	
86804	5	3	\$17.12	\$13.31	
86812	5	3	\$28.53	\$22.18	
86886	5	3	\$5.72	\$4.45	
86900	5	3	\$3.30	\$2.56	
86901	5	3	\$6.40	\$2.56	
87015	5	3	\$7.38	\$5.74	
87040	5	3	\$11.42	\$8.87	
87045	5	3	\$10.43	\$8.11	
87070	5	3	\$9.52	\$7.40	
87075	5	3	\$10.46	\$8.13	
87077	5	3	\$8.93	\$6.94	
87081	5	3	\$6.38	\$4.96	
87084	5	3	\$9.52	\$7.40	
87086	5	3	\$7.10	\$5.51	
87088	5	3	\$4.83	\$3.76	
87101	5	3	\$8.53	\$6.63	
87102	5	3	\$9.29	\$7.22	
87106	5	3	\$11.42	\$8.87	
87109	5	3	\$17.01	\$13.22	
87110	5	3	\$21.66	\$16.84	
87116	5	3	\$11.94	\$9.29	

Procedure Code	TOS	PAC	Old Rate	New Rate
87140	5	3	\$6.17	\$4.79
87147	5	3	\$5.72	\$4.45
87149	5	3	\$22.17	\$17.23
87168	5	3	\$4.54	\$3.53
87172	5	3	\$4.54	\$3.53
87177	5	3	\$9.84	\$7.64
87184	5	3	\$7.62	\$5.93
87186	5	3	\$9.55	\$7.43
87205	5	3	\$4.72	\$3.67
87206	5	3	\$5.94	\$4.62
87209	5	3	\$20.09	\$15.44
87210	5	3	\$4.54	\$3.53
87220	5	3	\$4.54	\$3.53
87230	5	3	\$21.60	\$16.79
87252	5	3	\$28.82	\$22.40
87255	5	3	\$37.85	\$29.10
87272	5	3	\$12.67	\$9.85
87273	5	3	\$12.67	\$9.85
87274	5	3	\$12.67	\$9.85
87275	5	3	\$12.67	\$9.85
87290	5	3	\$12.67	\$9.85
87324	5	3	\$12.67	\$9.85
87338	5	3	\$12.83	\$9.86
87340	5	3	\$11.42	\$8.87
87350	5	3	\$12.74	\$9.91
87420	5	3	\$12.67	\$9.85
87425	5	3	\$12.67	\$9.85
87427	5	3	\$12.67	\$9.85
87430	5	3	\$12.67	\$9.85
87449	5	3	\$12.67	\$9.85
87476	5	3	\$28.79	\$22.39
87480	5	3	\$22.17	\$17.23
87481	5	3	\$28.79	\$22.39
87490	5	3	\$22.17	\$17.23
87491	5	3	\$28.79	\$22.39

Procedure Code	TOS	PAC	Old Rate	New Rate	
87496	5	3	\$28.79	\$22.39	
87510	5	3	\$22.17	\$17.23	
87511	5	3	\$28.79	\$22.39	
87516	5	3	\$28.79	\$22.39	
87517	5	3	\$47.36	\$36.81	
87521	5	3	\$28.79	\$22.39	
87522	5	3	\$47.36	\$36.81	
87529	5	3	\$28.79	\$22.39	
87536	5	3	\$62.82	\$48.29	
87538	5	3	\$28.79	\$22.39	
87590	5	3	\$22.17	\$17.23	
87591	5	3	\$28.79	\$22.39	
87621	5	3	\$28.79	\$22.39	
87653	5	3	\$29.11	\$22.39	
87660	5	3	\$22.48	\$17.23	
87798	5	3	\$28.79	\$22.39	
87804	5	3	\$12.67	\$9.85	
87807	5	3	\$12.81	\$9.85	
87880	5	3	\$12.67	\$9.85	
87901	5	3	\$90.96	\$70.70	
87902	5	3	\$90.96	\$70.70	
87903	5	3	\$540.23	\$419.93	
87904	5	3	\$28.82	\$22.40	
88112	5	3	\$73.70	\$60.13	
88141	5	3	\$26.88	\$16.33	
88142	5	3	\$22.65	\$17.41	
88143	5	3	\$22.65	\$17.41	
88174	5	3	\$23.88	\$18.36	
88175	5	3	\$29.61	\$22.76	
88184	5	3	\$50.48	\$48.24	
88187	5	3	\$41.67	\$39.19	
88188	5	3	\$51.98	\$48.43	
88189	5	3	\$68.47	\$61.01	
88230	5	3	\$38.28	\$29.76	
88235	5	3	\$97.18	\$75.54	

Procedure Code	TOS	OS PAC Old		New Rate
88237	5	3	\$44.18	\$34.34
88271	5	3	\$23.94	\$18.41
88273	5	3	\$35.91	\$27.61
88274	5	3	\$38.90	\$29.92
88275	5	3	\$44.89	\$34.51
88291	5	3	\$18.50	\$16.88
88360	5	3	\$90.60	\$71.70
89051	5	3	\$6.09	\$4.73
89055	5	3	\$4.77	\$3.67
89230	5	3	\$4.00	\$2.57

## OTHER PHYSICIAN AND PROFESSIONAL SERVICES

Procedure Code	TOS	PAC	Old Rate	New Rate	
11201	2	3	\$14.40	\$13.72	
15340	2	3	\$297.54	\$230.80	
17003	2	3	\$6.16	\$5.42	
17282	2	3	\$170.00	\$151.13	
20902	2	3	\$290.00	\$248.14	
20931	2	3	\$93.84	\$80.94	
20937	2	3	\$144.67	\$124.02	
20938	2	3	\$156.47	\$134.70	
22216	2	3	\$294.37	\$268.42	
22328	2	3	\$239.01	\$205.13	
22612	2	3	\$1,260.00	\$1,146.62	
22614	2	3	\$324.00	\$286.96	
22632	2	3	\$271.18	\$233.03	
22830	2	3	\$630.00	\$580.26	
22840	2	3	\$738.00	\$558.79	
22842	2	3	\$810.00	\$560.12	
22845	2	3	\$600.00	\$533.75	
22851	2	3	\$347.82	\$298.35	
23412	2	3	\$690.00	\$625.34	
24101	2	3	\$400.00	\$359.22	
26756	2	3	\$299.57	\$297.87	
27096	2	3	\$251.90	\$135.66	
27137	2	3	\$1,164.00	\$1,087.22	
27446	2	3	\$936.00	\$812.08	
27447	2	3	\$1,188.00	\$1,129.85	
27495	2	3	\$852.00	\$826.02	
27698	2	3	\$540.00	\$479.86	
29875	2	3	\$425.00	\$358.91	
29888	2	3	\$780.00	\$722.86	
29897	2	3	\$425.00	\$381.51	
31240	2	3	\$147.23	\$122.48	
31254	2	3	\$274.08	\$208.95	
31255	2	3	\$405.00	\$306.94	
31256	2	3	\$192.00	\$151.26	

Procedure Code	TOS	PAC	Old Rate	New Rate
31267	2	3	\$267.00	\$243.05
31287	2	3	\$195.47	\$177.73
31288	2	3	\$228.55	\$206.07
31526	2	3	\$198.00	\$120.74
31535	2	3	\$162.00	\$145.47
31536	2	3	\$180.00	\$162.33
31540	2	3	\$198.00	\$186.35
31541	2	3	\$216.00	\$203.62
32405	2	3	\$84.00	\$77.74
32501	2	3	\$238.22	\$188.53
32657	2	3	\$647.40	\$598.87
32659	2	3	\$619.54	\$559.81
33120	2	3	\$1,250.00	\$1,192.23
33207	2	3	\$420.00	\$391.07
33210	2	3	\$175.00	\$144.74
33572	2	3	\$192.00	\$179.79
35321	2	3	\$750.00	\$706.53
35456	2	3	\$350.00	\$298.76
35493	2	3	\$371.11	\$361.51
35500	2	3	\$812.04	\$253.52
36000	2	3	\$25.00	\$19.46
36406	2	3	\$15.00	\$13.77
36516	1	3	\$2,500.00	\$1,686.96
36620	2	3	\$39.00	\$38.94
37201	2	3	\$276.00	\$221.51
38220	2	3	\$127.47	\$117.60
38221	2	3	\$136.09	\$129.02
38792	2	3	\$235.15	\$30.37
42826	2	3	\$230.00	\$190.85
43215	2	3	\$144.00	\$117.60
43219	2	3	\$140.00	\$130.70
43220	2	3	\$120.00	\$97.09
43241	2	3	\$175.00	\$118.98
43245	2	3	\$175.00	\$143.37

Procedure Code	TOS	PAC	Old Rate	New Rate
43249	2	3	\$143.00	\$133.57
44015	2	3	\$150.00	\$104.50
44360	2	3	\$138.00	\$120.51
44380	2	3	\$78.00	\$52.82
44955	2	3	\$102.00	\$61.30
45341	2	3	\$122.78	\$120.03
47505	2	3	\$42.55	\$30.61
49421	2	3	\$310.00	\$279.40
49422	2	3	\$299.00	\$279.19
50384	2	3	\$902.23	\$854.12
50389	2	3	\$310.21	\$265.17
50390	2	3	\$91.00	\$78.89
50393	2	3	\$210.00	\$176.86
51040	2	3	\$300.00	\$235.33
52235	2	3	\$300.00	\$235.17
52240	2	3	\$450.00	\$410.60
52327	2	3	\$215.00	\$213.40
57288	2	3	\$594.00	\$551.62
57513	2	3	\$114.00	\$108.14
57520	2	3	\$235.00	\$231.02
58340	2	3	\$99.34	\$96.17
58615	2	3	\$200.00	\$185.74
58805	2	3	\$325.00	\$304.30
59051	1	3	\$35.00	\$30.48
59320	2	3	\$150.00	\$111.30
59409	2	3	\$900.00	\$555.71
59410	2	3	\$965.00	\$651.85
59514	2	3	\$900.00	\$659.26
59515	2	3	\$965.00	\$788.55
59612	2	3	\$965.00	\$623.97
59614	2	3	\$1,000.00	\$702.68
59622	2	3	\$1,000.00	\$854.44
60280	2	3	\$338.40	\$329.30
60512	2	3	\$696.00	\$178.86
61107	2	3	\$275.00	\$223.65

	103	PAC	Old Rate	New Rate	
61548	2	3	\$1,200.00	\$1,113.50	
62355	2	3	\$219.67	\$214.37	
63012	2	3	\$846.00	\$843.71	
63030	2	3	\$750.00	\$685.94	
63042	2	3	\$1,080.00	\$929.98	
63047	2	3	\$810.00	\$783.39	
63076	2	3	\$300.00	\$180.82	
64480	2	3	\$122.11	\$105.91	
64484	2	3	\$115.51	\$103.26	
64614	2	3	\$133.05	\$128.89	
64712	2	3	\$420.00	\$399.81	
65855	2	3	\$375.00	\$240.75	
66625	2	3	\$330.00	\$302.22	
66821	2	3	\$275.00	\$229.66	
66984	2	3	\$750.00	\$542.98	
67036	2	3	\$684.00	\$680.50	
67039	2	3	\$900.00	\$880.38	
67108	2	3	\$1,332.00	\$1,139.36	
67320	2	3	\$450.00	\$228.37	
67331	2	3	\$375.00	\$221.18	
67332	2	3	\$300.00	\$240.34	
90937	1	3	\$150.00	\$87.41	
92020	1	3	\$30.00	\$19.75	
92225	1	3	\$22.00	\$19.14	
92541	1	3	\$44.00	\$40.70	
92543	1	3	\$24.00	\$19.60	
92547	1	3	\$12.00	\$3.43	
92584	1	3	\$54.00	\$49.32	
92587	1	3	\$33.00	\$28.25	
92980	1	3	\$668.00	\$643.87	
92981	1	3	\$208.00	\$179.08	
92982	2	3	\$546.00	\$477.46	
92984	2	3	\$150.00	\$127.89	
93000	1	3	\$19.00	\$15.88	
93005	1	3	\$10.00	\$8.83	

Procedure Code	TOS	PAC	Old Rate	New Rate
93010	1	3	\$11.00	\$7.06
93018	1	3	\$15.00	\$12.54
93041	1	3	\$4.50	\$4.34
93225	1	3	\$26.00	\$25.62
93227	1	3	\$25.00	\$22.07
93230	1	3	\$100.00	\$87.73
93232	1	3	\$60.00	\$42.13
93233	1	3	\$25.00	\$21.18
93270	1	3	\$26.00	\$13.63
93313	1	3	\$32.66	\$32.10
93541	1	3	\$25.00	\$12.26
93616	1	3	\$100.00	\$72.86
93784	1	3	\$55.00	\$52.56
94070	5	3	\$51.00	\$45.90
94760	1	3	\$7.50	\$1.94
94761	1	3	\$15.00	\$3.14
94762	1	3	\$24.00	\$18.43
95044	5	3	\$3.91	\$3.47
95070	5	3	\$50.00	\$23.95
95070	1	3	\$50.00	\$31.93
95070	5	3	\$50.00	\$31.93
95075	1	3	\$65.00	\$49.82
95117	1	3	\$11.62	\$9.73
95145	1	3	\$35.00	\$12.33
95147	1	3	\$55.00	\$19.83
95806	1	3	\$208.21	\$162.26
97012	1	3	\$23.00	\$11.72

Procedure Code	TOS	PAC	Old Rate	New Rate	
97012	9	3	\$23.00	\$11.72	
97016	9	3	\$23.00	\$12.74	
97018	9	3	\$23.00	\$6.63	
97022	9	3	\$23.00	\$14.85	
97024	9	3	\$23.00	\$4.54	
97026	9	3	\$23.00	\$3.94	
97032	9	3	\$23.25	\$13.22	
97033	9	3	\$23.25	\$20.70	
97035	9	3	\$23.25	\$9.38	
97110	9	3	\$25.44	\$22.78	
97116	9	3	\$23.25	\$20.17	
97124	9	3	\$23.25	\$18.46	
97140	9	3	\$25.44	\$21.32	
99211	1	3	\$18.38	\$15.43	
99212	1	3	\$31.18	\$31.10	
99238	1	3	\$61.54	\$53.28	
99281	1	3	\$16.80	\$16.16	
G0101	1	3	\$31.88	\$28.02	
G0123	5	3	\$22.65	\$17.41	
G0127	2	3	\$20.00	\$15.75	
G0145	5	3	\$24.80	\$22.76	
G0179	1	3	\$37.28 \$31		
G0180	1	3	\$44.40	\$41.42	

## LAB WITH TECHNICAL AND PROFESSIONAL COMPONENTS

			Old	l Full Rate an	d Ratios	Nev	v Full Rate ar	nd Ratios
Procedure Code	TOS	PAC	Max Allowed Amount	Technical Component %	Professional Component %	Max Allowed Amount	Technical Component %	Professional Component %
83020	5	3	\$14.24	0%	100%	\$11.21	0%	100%
84165	5	3	\$11.87	0%	100%	\$10.99	0%	100%
85576	5	3	\$23.75	30%	70%	\$11.21	0%	100%
86255	5	3	\$13.33	0%	100%	\$11.21	0%	100%
86256	5	3	\$13.33	0%	100%	\$11.21	0%	100%

# S2960 - Skilled Nursing and Home Health Aid Payment Method Revision

Effective with April 1, 2010 dates of service, Home Health and Choices for Independence (CFI) providers shall bill for authorized skilled nursing and home health aide (<=7 unit visit) services utilizing new procedure codes that signify a change in units to a per visit instead of a 15 minute unit of measure.

### **Skilled Nursing**

		Procedure Code	Rate
Old Method	15-minute unit:		
	State Plan	G0154	\$22.18
	CFI	G0154 HC (or HB)	\$22.71 (1/1/10-3/31/10)
			\$22.18 (Prior to 1/1/10)
New Method	Per visit unit:		
	State Plan	T1030	\$90.16
	CFI	T1030 HC	\$90.16

#### **Home Health Aide**

		Procedure Code	Rate	
Old Method	<=7 unit visit, 15-minute unit:			
	State Plan	G0156 U3	\$6.14	
	CFI	G0156 HC U3	\$6.14	
	8+ unit visit, 15-minute unit:			
	State Plan	G0156	\$5.74	
	CFI	G0156 HC(or HB)U1	\$5.74	
New Method	Less than one hour, per visit u			
	State Plan	T1021	\$29.60	
	CFI	T1021 HC	\$29.60	
	8+ unit visit, 15-minute unit (No change in units):			
	State Plan	G0156	\$5.74	
	CFI	G0156 HC U1	\$5.74	

# S2982 - CFI Rate Changes

Procedure Code	Description	TOS	Modifiers	Fund Code Impact	Old Rate	New Rate
G0156	HCBC-ECI, In Home Day Care, Ea 15 min.	9	HC/HB, U2	N	\$3.59	\$3.52
H0043	Congregate/Alternative Housing	9	HC, U4	N	\$36.00	\$35.28
H0043	Housing Care Mngmnt (Betty's Dream)	9	HC, U5	N	\$83.68	\$82.01
H0043	Supportive Housing (Assisted Living)	9	HC/HB, U6	N	\$50.00	\$49.00
S5140	Adult Family Care-Level 1 Per Diem	9	HC, U1	N	\$56.11	\$54.99
S5140	Adult Family Care-Level 2 Per Diem	9	HC, U2	N	\$72.31	\$70.86
S5140	Kinship Care-Level 1 Per Diem	9	HC, U5	N	\$56.11	\$54.99
S5140	Kinship Care-Level 2 Per Diem	9	HC, U6	N	\$72.31	\$70.86
S5161	Emerg Response System	9	HC/HB	N	\$35.00	\$34.30
S5170	HCBC-ECI, Home Delivered Meals Ea	9	HC/HB	N	\$7.12	\$6.98
S5185	Electronic Rx Device Monthly Service	9	HC, U1	N	\$40.00	\$39.20
S5185	Electronic Rx Device Installation	9	HC, U2	N	\$60.00	\$58.80
S5185	Electronic Rx / PERS Device	9	HC, U3	N	\$75.00	\$73.50
S5185	Sealed Rx Drug Packets	9	HC, U4	N	\$35.00	\$34.30
T1005	HCBC-ECI, Respite Care, Ea 15 min	1	HC/HB	N	\$1.70	\$1.67
T1016	Case Management	9	HB/HC, U1	N	\$8.69	\$8.52
T2033	HCBC-ECI, Residential Care	9	HC/HB, U1	N	\$71.83	\$70.39

# S2992 – Surgical Assistant (TOS 8) Rate & PAC Changes

## **CURRENT PAC 3'S THAT NEED TO BE PAC 9'S**

Procedure Code	Type of Service Code	New PAC	Effective Date	End Date
15340	8	9	4/1/2010	12/31/2299
17282	8	9	4/1/2010	12/31/2299
20931	8	9	4/1/2010	12/31/2299
33207	8	9	4/1/2010	12/31/2299
50384	8	9	4/1/2010	12/31/2299
50389	8	9	4/1/2010	12/31/2299
59515	8	9	4/1/2010	12/31/2299
66625	8	9	4/1/2010	12/31/2299
67320	8	9	4/1/2010	12/31/2299
67331	8	9	4/1/2010	12/31/2299
67332	8	9	4/1/2010	12/31/2299

### TOS 8 RATE CHANGES BASED ON 4/1/10 TOS 2 RATES

Procedure Code	Type of Service Code	New Rate 20% of TOS 2	Pricing Action Code	Begin Date	End Date
20902	8	\$49.63	3	4/1/2010	12/31/2299
20937	8	\$24.80	3	4/1/2010	12/31/2299
20938	8	\$26.94	3	4/1/2010	12/31/2299
22216	8	\$53.68	3	4/1/2010	12/31/2299
22328	8	\$41.03	3	4/1/2010	12/31/2299
22612	8	\$229.32	3	4/1/2010	12/31/2299
22614	8	\$57.39	3	4/1/2010	12/31/2299
22632	8	\$46.61	3	4/1/2010	12/31/2299
22830	8	\$116.05	3	4/1/2010	12/31/2299
22840	8	\$111.76	3	4/1/2010	12/31/2299
22842	8	\$112.02	3	4/1/2010	12/31/2299
22845	8	\$106.75	3	4/1/2010	12/31/2299
22851	8	\$59.67	3	4/1/2010	12/31/2299
23412	8	\$125.07	3	4/1/2010	12/31/2299
24101	8	\$71.84	3	4/1/2010	12/31/2299
26756	8	\$59.57	3	4/1/2010	12/31/2299
27137	8	\$217.44	3	4/1/2010	12/31/2299
27446	8	\$162.42	3	4/1/2010	12/31/2299

Procedure Code	Type of Service Code	New Rate 20% of TOS 2	Pricing Action Code	Begin Date	End Date
27447	8	\$225.97	3	4/1/2010	12/31/2299
27495	8	\$165.20	3	4/1/2010	12/31/2299
27698	8	\$95.97	3	4/1/2010	12/31/2299
29888	8	\$144.57	3	4/1/2010	12/31/2299
29897	8	\$76.30	3	4/1/2010	12/31/2299
32501	8	\$37.71	3	4/1/2010	12/31/2299
32657	8	\$119.77	3	4/1/2010	12/31/2299
33120	8	\$238.45	3	4/1/2010	12/31/2299
35321	8	\$141.31	3	4/1/2010	12/31/2299
35456	8	\$59.75	3	4/1/2010	12/31/2299
44015	8	\$20.90	3	4/1/2010	12/31/2299
44955	8	\$12.26	3	4/1/2010	12/31/2299
51040	8	\$47.07	3	4/1/2010	12/31/2299
57288	8	\$110.32	3	4/1/2010	12/31/2299
58615	8	\$37.15	3	4/1/2010	12/31/2299
58805	8	\$60.86	3	4/1/2010	12/31/2299
59320	8	\$22.26	3	4/1/2010	12/31/2299
59514	8	\$131.85	3	4/1/2010	12/31/2299
59622	8	\$170.89	3	4/1/2010	12/31/2299
60280	8	\$65.86	3	4/1/2010	12/31/2299
60512	8	\$35.77	3	4/1/2010	12/31/2299
61548	8	\$222.70	3	4/1/2010	12/31/2299
62355	8	\$42.87	3	4/1/2010	12/31/2299
63012	8	\$168.74	3	4/1/2010	12/31/2299
63030	8	\$137.19	3	4/1/2010	12/31/2299
63042	8	\$186.00	3	4/1/2010	12/31/2299
63047	8	\$156.68	3	4/1/2010	12/31/2299
63076	8	\$36.16	3	4/1/2010	12/31/2299
64712	8	\$79.96	3	4/1/2010	12/31/2299
67036	8	\$136.10	3	4/1/2010	12/31/2299
67039	8	\$176.08	3	4/1/2010	12/31/2299
67108	8	\$227.87	3	4/1/2010	12/31/2299

# **Appendix E: Public Hearing Detail**

A public hearing to review this report was held on Friday, September 17, 2010 at the Brown Building auditorium. The following pages include:

- The list of attendees
- Written testimony sent after the hearing

## **Public Hearing Attendees**

The following individuals were present at the public hearing:

Name	Organization	E-Mail Address
Paul Spiess	Senate Bill 505 Commission	paulspiess@aol.com
Karen RJ White	Senate Bill 505 Commission	karenrjwhite@comcast.net
Vanessa Santarelli	Bi-State Primary Care	vsantarelli@bistatepca.org
Jennifer Frizzell	NH Senate	jennifer.frizzell@leg.state.nh.us
Rep. Cindy Rosenwald	NH House	cindy.rosenwald@leg.state.nh.us
Valerie Acres	Sheehan Phinney Capitol Group	vacres@sheehan.com
Scott Colby	NH Medical Society	scott.colby@nhms.org
Suzanne Peterson	СМС	speterso@cmc-nh.org
Leslie Melby	NH Hospital Association	lmelby@nhha.org
Brendan Perry	RYP	bsp@rathlaw.com

# Written Testimony Sent Following the Public Hearing

Following is the letter submitted as written testimony, which was received after the public hearing.



September 24, 2010

Andrew Chalsma
Office of Medicaid Business and Policy
New Hampshire Department of Health & Human Services
129 Pleasant St
Concord NH 03301

Dear Mr. Chalsma:

Thank you for the opportunity to comment on the draft NH Medicaid Rate Benchmarks for Key Services, 2010 Report.

The New Hampshire Hospital Association's comments focus on the inpatient and outpatient hospital portions of the Report. While we appreciate the effort that goes into the preparation of this report, we are disappointed that comparisons of payment rates were not made between New Hampshire and other New England states' Medicaid programs and, in the case of critical access hospitals, comparisons with Medicare. Where payment methodologies differ, we would like to have seen an effort to employ an alternative analysis that would, with certain caveats, allow for an approximation of the differences between New Hampshire and the other New England states. For example, this information could have been obtained from Medicare/Medicaid cost reports, at least at an aggregate level. All hospitals complete the same cost reports for CMS.

Although RSA 126-A:18-b specifies that comparisons be made with other New England states, Medicare and commercial payers, we suggest that DHHS not be constrained by the statute in terms of considering other meaningful analyses. For example, in the absence of New England data, you might have looked at those states in other regions that are more similar to New Hampshire based on size and demographics *and* that use the DRG method of reimbursement. We believe this additional effort would make this biennial report more useful and meaningful, particularly in terms of the purpose the report is intended to serve, which as stated in the statute, is to "formulate the department's budget request under RSA 9:4."

The statute also provides for the opportunity for providers, beneficiaries and other concerned residents to comment on the rates, rate setting methodologies, and justifications. Therefore, in addition to concerns about comparison data, we would be remiss in omitting the fact that since November 2008, Medicaid budget cuts have resulted in reduced payments to hospitals of \$65-70 million (federal and general fund dollars).

Between 2008 and 2010 the Medicaid caseload rose to unprecedented levels due to the rise in unemployment, accompanied by an expected hike in utilization of services and increased Medicaid expenditures. The state's response to this inevitability was to further reduce New Hampshire's severely inadequate Medicaid payments to hospitals, thus jeopardizing the state's ability to meet its obligation to provide access to care for Medicaid beneficiaries.

We therefore suggest that the *Benchmarks* report include a Health Impact Assessment – a combination of procedures, methods and tools that assesses the potential effects of a policy on the health of a population. Such an assessment of past years' Medicaid rate reductions and their overall impact on the Medicaid population should be evaluated and shared with key decisionmakers.

In addition, policymakers should be informed of the unintended consequences on the state's economic health when their actions increase costs to employers as a result of cost shifting, as well as erosion of the state's health safety net. By now it is common knowledge that New Hampshire Medicaid hospital payment rates are the lowest in the nation.

We hope DHHS will seriously consider the past two years of persistent Medicaid rate cuts when, as required by statute, it uses the *Benchmarks* report to formulate the department's budget request. The purpose and importance of this report should not be lost on policymakers in both the Executive and Legislative branches, as the SFY 2012/2013 budget is developed.

Thank you for the opportunity to comment. We appreciate the time and effort on behalf of DHHS staff in preparing this important report.

Sincerely,

Leslie Melby

VP, State Government Relations

Julie Jully

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